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ABSTRACT

Hearings were conducted for the purpose of inquiring into: (1) the proposed funding cutbacks for programs under the Older Americans Act; (2) the conduct of the White House Conference on Aging; (3) recent reorganization moves affecting the role and status of the Administration on Aging; (4) the proposed creation of a new volunteer agency which would incorporate the Retired Senior Volunteer Program and the Foster Grandparent Program; and (5) whether the Administration on Aging should be extended when its present mandate expires in 1972. (DB)

EVALUATIO ON AGING AND
CONDUCT OI RENCE ON AGING

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# JOINT HEARINGS

BEFORE THE

# SPECIAL COMMITTEE ON AGING

AND THE

# SUBCOMMITTEE ON AGING

OF THE

# COMMITTEE ON LABOR AND PUBLIC WELFARE UNITED STATES SENATE

NINETY-SECOND CONGRESS

FIRST SESSION

## PART 1—WASHINGTON, D.C.

MARCH 25, 1971

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Part 1. Washington, D.C., March 25, 1971
Part 2. Washington, D.C., March 29, 1971
Part 3. Washington, D.C., March 30, 1971
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# EVALUATION OF ADMINISTRATION ON AGING AND CONDUCT OF WHITE HOUSE CONFERENCE ON AGING

THURSDAY, MARCH 25, 1971

U.S. SENATE,
SPECIAL COMMITTEE ON AGING
AND SUBCOMMITTEE ON AGING
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,
*Washington, D.C.*

The joint committees met, pursuant to call, at 10 a.m., in room G–308 auditorium), New Senate Office Building, Hon. Frank Church, Chairman of the Special Committee on Aging, presiding.

Present: Senators Church, Williams, Moss, Kennedy, Hartke, Prouty, Hansen, Pell, Beall, and Stevenson.

Committee staff members present: William E. Oriol, staff director; David A. Affeldt, counsel; John Guy Miller, minority staff director; Patricia Slinkard, chief clerk; and Peggy Fecik, assistant chief clerk.

Subcommittee staff members present: James Murphy, counsel; and Donna Wurzbach, clerk.

## OPENING STATEMENT BY SENATOR FRANK CHURCH, CHAIRMAN

The CHAIRMAN. The hearing will please come to order.

This is a joint hearing by the Senate Special Committee on Aging and by the Subcommittee on Aging of the Senate Committee on Labor and Public Welfare.

Senator Eagleton will be with us presently. He is a member of this committee and he is chairman of the subcommittee. I want to commend him for agreeing that the legislative and factfinding functions might be combined in this way.

We are here today to evaluate the performance of the Administration on Aging since it was established by the Older Americans Act of 1965, to investigate criticisms of the AoA, to inquire into the conduct of preparations for the White House Conference on Aging, to look into the consequences of organizational changes and budgetary cutbacks on the AoA, and to begin a discussion of whether the Administration on Aging should be continued when the Older Americans Act expires in 1972. These are formidable objectives.

Without objection, I ask that Public Law 90–526, be entered in the record at this point. This is a Joint Resolution to provide that it be the sense of Congress that a White House Conference on Aging be called by the President in 1971.

Public Law 90–526

90th Congress, H. J. Res. 1371

September 28, 1968

JOINT RESOLUTION To provide that it be the sense of Congress that a White House Conference on Aging be called by the President of the United States in 1971, to be planned and conducted by the Secretary of Health, Education, and Welfare, and for related purposes

Whereas the primary responsibility for meeting the challenge and problems of aging is that of the States and communities, all levels of government are involved and must necessarily share responsibility; and it is therefore the policy of the Congress that the Federal Government shall work jointly with the States and their citizens, to develop recommendations and plans for action, consistent with the objectives of this joint resolution, which will serve the purposes of—

(1) assuring middle-aged and older persons equal opportunity with others to engage in gainful employment which they are capable of performing; and

(2) enabling retired persons to enjoy incomes sufficient for health and for participation in family and community life as self-respecting citizens; and

(3) providing housing suited to the needs of older persons and at prices they can afford to pay; and

(4) assisting middle-aged and older persons to make the preparation, develop skills and interests, and find social contacts which will make the gift of added years of life a period of reward and satisfaction; and

(5) stepping up research designed to relieve old age of its burdens of sickness, mental breakdown, and social ostracism; and

(6) evaluating progress made since the last White House Conference on Aging, and examining the changes which the next decade will bring in the character of the problems confronting older persons; and

Whereas it is essential that in all programs developed for the aging, emphasis should be upon the right and obligation of older persons to free choice and self-help in planning their own futures: Now, therefore, be it

*Resolved by the Senate and House of Representatives of the United States of America in Congress assembled*, That (a) the President of the United States is authorized to call a White House Conference on Aging in 1971 in order to develop recommendations for further research and action in the field of aging, which will further the policies set forth in the preamble of this joint resolution, shall be planned and conducted under the direction of the Secretary who shall have the cooperation and assistance of such other Federal departments and agencies, including the assignment of personnel, as may be appropriate.

(b) For the purpose of arriving at facts and recommendations concerning the utilization of skills, experience, and energies and the improvement of the conditions of our older people, the conference shall bring together representatives of Federal, State, and local governments, professional and lay people who are working in the field of aging, and of the general public, including older persons themselves.

(c) A final report of the White House Conference on Aging shall be submitted to the President not later than one hundred and twenty days following the date on which the Conference is called and the findings and recommendations included therein shall be immediately made available to the public. The Secretary of Health, Education, and Welfare shall, within ninety days after the submission of such final report, transmit to the President and the Congress his recommendations for the administrative action and the legislation necessary to implement the recommendations contained in such report.

ADMINISTRATION

SEC. 2. In administering this joint resolution, the Secretary shall—

(a) request the cooperation and assistance of such other Federal departments and agencies as may be appropriate in carrying out the provisions of this joint resolution;

(b) render all reasonable assistance, including financial assistance, to the States in enabling them to organize and conduct conferences on aging prior to the White House Conference on Aging;

(c) prepare and make available background materials for the use of delegates to the White House Conference as he may deem necessary and shall prepare and distribute such report or reports of the Conference as may be indicated; and

(d) in carrying out the provisions of this joint resolution, engage such additional personnel as may be necessary without regard to the provisions of title 5, United States Code, governing appointments in the competitive civil service, and without regard to chapter 57 and subchapter 111 of chapter 53 of such title relating to classification and General Schedule pay rates.

ADVISORY COMMITTEES

SEC. 3. The Secretary is authorized and directed to establish an Advisory Committee to the White House Conference on Aging composed of not more than twenty-eight professional and public members, a substantial number of whom shall be fifty-five years of age or older, and, as necessary, to establish technical advisory committees to advise and assist in planning and conducting the Conference. The Secretary shall designate one of the appointed members as Chairman. Members on any committee appointed pursuant to this section, who are not officers or employees of the United States, while attending conferences or meetings of their committees or otherwise serving at the request of the Secretary, shall be entitled to receive compensation at a rate to be fixed by the Secretary but not exceeding $75 per diem, including traveltime, and while away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized under section 5703 of title 5 of the United States Code for persons in the Government service employed intermittently. The Commissioner on Aging shall act as Executive Secretary of the Committee.

DEFINITIONS

SEC. 4. For the purpose of this joint resolution—

(1) the term "Secretary" means the Secretary of Health, Education, and Welfare; and

(2) the term "State" includes the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

SEC. 5. There is authorized to be appropriated to carry out this joint resolution the sum of $1,900,000.

Approved September 28, 1968.

LEGISLATIVE HISTORY

House Report No. 1792 (Committee on Education and Labor).
Senate Report No. 1102 accompanying S.J. Res. 117 (Committee on Labor and Public Welfare).
Congressional Record, Volume 114 (1968):
July 30: Considered and passed House.
May 6, Sept. 9: Considered and passed Senate, amended, in lieu of Senate Joint Resolution 117.
Sept. 12: House agreed to Senate amendments.

The CHAIRMAN. To save time I will not read my opening statement but I do submit it for the record and make it available for those who may be interested in the full text.

STATEMENT OF SENATOR FRANK CHURCH

This is a joint hearing by the Senate Special Committee on Aging and by the Subcommittee on Aging of the Senate Committee on Labor and Public Welfare.

Once again, I would like to thank Senator Eagleton—a member of this Committee and Chairman of the Subcommittee—for agreeing that legislative and fact-finding functions could be combined in this way.

We are here this morning to inquire into: (1) the proposed funding cutbacks for programs under the Older Americans Act; (2) the conduct of the White House Conference on Aging; (3) recent reorganization moves affecting the role and status of the Administration on Aging; (4) the proposed creation of a new volunteer agency which would incorporate the Retired Senior Volunteer Program and the Foster Grandparent program; and (5) whether the Administration on Aging should be extended when its present mandate expires in 1972.

Viewed against the backdrop of events which led to passage of that Act and by events which have occurred since then, there can be no doubt that from the very beginning there has been a sharp conflict of opinion about the functions, and even the need for, an Administration on Aging.

There is no disagreement, for example, that the Department of Health, Education and Welfare was less than enthusiastic about the agency when it was first proposed.

A review of the testimony on the legislation shows that in 1963 the then-Secretary of HEW was distinctly antagonistic to the concept. At one point, he urged a House Committee to consider that he had 138 separate programs going, and that "everyone wants to be in the Office of the Secretary."*

All other witnesses, however—17 in all—saw things differently. They spoke out in favor of a bill that would, at last, establish a national agency capable of administering grants while serving as a focus for Federal attention to the needs and capabilities of older Americans.

That support was later recognized in the overwhelming votes by which the bill was passed in both Houses of the Congress.

In the years since 1965, the Congress has watched with increasing concern over Administration actions which seemed clearly to violate the intent of Congress and the deepfelt convictions of those who testified in support of the bill which established the Administration on Aging.

In 1967, the AoA was recategorized. Instead of the independent agency with direct access to the Secretary—as envisioned by Congress—the AoA became a unit within the Social and Rehabilitation Service.

Once again an HEW Secretary came to Capitol Hill. Summoned by this Committee and by other Congressional units, he made a familiar presentation. He described the complexity of the Department and what he saw as a need to group services for all age groups within one unit of HEW.

In response to criticisms, the HEW spokesmen said, in effect: "Don't worry: AoA will become better than ever."

It may well be that Congress should have stood firm and insisted that its intent be served.

Instead, we did our best to strengthen the AoA with amendments in 1967 and in 1969.

We assigned the Foster Grandparents program to it.

We gave it powers for areawide projects and the means for providing more funds for State agencies on aging; and we established a Retired Senior Volunteer program.

In 1969, we extended the Older Americans Act for three years with a $252 million authorization, including $105 million for this coming Fiscal Year. We provided this money for programs which, we thought, were under the direction of AoA.

And what did we get in return?

We got a budget last year from the Administration which requested only $31 million for the Older Americans Act, although $85 million was authorized.

In addition, we learned about an Administrative decision—made without consultation with Congress or, for that matter, with leaders in the field of aging—to strip the AoA of its grants programs for research and for demonstration projects. These functions were to go to the parent SRS and they were to be administered in regional offices, not in Washington.

The deterioration of AoA did not end there. This year, the year of the White House Conference on Aging, the Administration's budget for the Older Americans Act is even more inadequate:

Slashing nearly $4 million from the Title III community service programs on aging;

Cutting back funding for research and demonstration by $1 million;

Reducing appropriations for training by more than $1 million; and

Trimming $3 million from the successful and popular Foster Grandparents program.

Last year the Administration requested only 36 percent of the authorized funding level for programs under the Older Americans Act. This year their proposed budget has been trimmed back further, to 28 percent of the $105 million authorized to be spent.

Later on, we will listen to persons who work with Title III programs and who know what it means to pull the props out from programs that have become part of the life of the community.

For some of those people, the few dollars spent on a Title III program have meant the difference between institutionalization and life at home.

For others, Title III has meant the difference between bitter isolation and friendship arising from regular meal servings in urban and rural areas.

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*For a discussion of "Administration on Aging—Issues Relating to Organization and Administration", prepared by the Legislative Reference Service of the Library of Congress, see Part 5, Appendix 7, of these hearings.

For still others, Title III has meant an opportunity to help oneself by helping others.

And it is this Title III that bears the greatest injury as proposed in the budget cutbacks. In my State of Idaho, Title III had $101,752 to work with in Fiscal Year 1971. The State directors there have been told that this amount would be reduced to $60,450 in the next Fiscal Year. There are now 14 Title III programs in Idaho, some in the third year of funding. I'm told that only six of these 14 could remain in existence—at subsistence levels—if the cutbacks are made. Our only hope would be that several areawide projects could be funded, but I'm afraid that there are no guarantees about that prospect. In the meantime, people now served by very worthy programs would be left without them.

Later on in these hearings, we will also hear about the destruction that would be done by the budget cutbacks to the Foster Grandparents program, one of the most inspiring efforts ever conducted by government in partnership with individual people.

There are more specifics, but I will not attempt to summarize them here. Instead I will submit for the record several letters which deal with issues I have briefly mentioned.[1] One letter—written by Mr. Charles Chaskes, President of the National Association of State Units on Aging—raises the question of whether the AoA had violated the law by transferring administration of its research and demonstration projects to another unit of government.

But I do wish to make a point which should be obvious but which apparently has escaped the notice of those now engaged in administrative reorganization here in Washington. That point is that reorganization is not simply an exercise in shifting boxes on a chart.

In the case of the Older Americans Act, reorganization could mean tragic and far-reaching scuttling of programs about which—on other occasions—present and past Administrations have expressed pride and the determination that they would continue and grow. What affliction causes administrators to blind themselves to need that has amply been demonstrated?

By what scale of values did we spend more last year for publicizing the Pentagon than we would for the entire AoA under the proposed budget?

How can those who now advocate far-reaching revenue-sharing forget that the Older Americans Act was a pioneer in providing block grants for States? Title III has established an excellent Federal-State-municipal working relationship that should serve as a model for future action, rather than as a trivial program to be swept lightly aside.

The consuming irony of it all is that this program probably would not be in such danger if the amounts it spends each year had been in the hundreds of millions, rather than in the tens of millions. But, in the search for so-called "savings" in the national budget, the Executive Branch has fixed upon what it regards as a weak, if not inconsequential program, *judged in terms of dollars spent.*

To the Committee on Aging, however, the value of the Older Americans Act goes far beyond the dollars spent. We regard that Act as a keystone for a national effort which will finally result in satisfying lives for 20 million persons now 65 and over, and for the many millions more who will reach that age in the decades ahead.

We do not have to spend billions to reach that goal, but we *do* need a national commitment. We *do* need Federal administrators to understand what the Older Americans Act was meant to do. And we *do* need to determine whether that Act should be renewed next year, or whether we should seek another mechanism. It is fortunate that Senator Eagleton will have an early appraisal this year on what line of action may be necessary by his Subcommittee on that matter next year.

These proceedings have a very definite relationship to the goals of the Legislative Reorganization Act of 1970. That far-reaching bill instructed Congressional units to review *all* Federal programs with an eye to adequacy of administrative implementation of laws and the ways in which Americans are being served, or not being served, by programs established by those laws.

In keeping with that admonition, Secretary Richardson was invited to participate in these hearings, as the opening witness, in order to discuss departmental policy relevant to reorganizational changes affecting the Administration on Aging. April 27, however, is the first mutually agreeable date for such an ap-

[1] See appendix 1, p. 97.

pearance. We have suggested that he be accompanied by John B. Martin, Commissioner of the Administration on Aging and Special Assistant to the President on Aging, and by George Shultz, Director of the Office of Management and Budget.

One final word: I intend to ask, quite often during these hearings, why such a low priority is given by Federal administrators to the needs of the elderly.

Perhaps the problem lies down deep in the attitudes of Americans who, in their younger years, refuse to recognize that their own future will be influenced by today's failure to make lives more satisfying for today's elderly. If that is so, the problem lies far more deeply than can be resolved by talk about administrative streamlining or a stopgap 10 percent increase in Social Security. In a year which will culminate in a White House Conference on Aging, we should ask ourselves why the agency responsible for conducting that Conference is under a cloud of uncertainty about its very existence. This is a poor symbol of national concern about aged and aging Americans. With these hearings, we will have the opportunity to ask why this symbol exists, and how it can be replaced with a better one.

The CHAIRMAN. This summary of the opening statement, however, points up that the reorganizational changes proposed—or already implemented—have raised serious doubts about the effectiveness of the Administration on Aging. Those changes, combined with budgetary requests of only $29.5 million when Congress has authorized $105 million for the AoA, raise serious doubts about the commitment of the Administration to the purposes of the Older Americans Act.

In the case of that act, reorganization could mean tragic and far-reaching impact on programs about which, on other occasions, present and past administrations have expressed pride and the determination that those programs would continue to grow. What affliction causes administrators to blind themselves to need that has been so amply demonstrated? I wonder by what scale of values we spent more this past year for publicizing the activities of the Pentagon, for example, than all the money asked for the AoA under this year's proposed budget.

The consuming irony of it all is that this program would not be in such danger, if the amounts it had spent each year had been in the tens of millions, or hundreds of millions—rather than in millions. In the search for saving in the so-called national budget, there is a tendency to focus upon agencies which are regarded as weak, if not inconsequential, judged in terms of dollars spent. To the Committee on Aging, however, the value of the Older Americans Act goes far beyond the dollars spent. We regard that act as the keystone of a national effort which will finally result in satisfying lives for 25 million older Americans today—and many millions more in the future.

One final word. We had hoped that Secretary Richardson of the Department of Health, Education, and Welfare could be with us as our first witness for these hearings. That has not been possible, but he will testify on April 27.

I might add that I have also invited Mr. Shultz of the Office of Management and Budget to accompany the Secretary, or to testify individually.

I have just been told that Senator Eagleton cannot be here. Apparently he is sick this morning, and his doctor has suggested that he not come to the hearing. So under those circumstances we will include his opening statement at this point in the record if there is no objection.

(The statement follows:)

## STATEMENT OF SENATOR THOMAS F. EAGLETON

As a member of the Special Committee on Aging, I am especially pleased that that Committee and the Subcommittee on Aging of the Labor and Public Welfare Committee can cooperate in this series of hearings.

As Senator Church has indicated, the Subcommittee on Aging has a direct and immediate interest in the Older Americans Act and the effectiveness of the Administration on Aging. The Older Americans Act is scheduled to expire in 1972, and the Subcommittee is the body that has the responsibility to consider various proposals that will be forthcoming to either amend and extend this Act or develop another means of focusing and coordinating the Federal Government's efforts in this area.

As I read the legislative history of the Older Americans Act, it was enacted originally for two primary purposes: first, to establish a Federal-State-local cooperative effort to expand services for older Americans at the community level, and, secondly, to create the Administration on Aging as an agency with sufficient power and prestige to act as a focal point within the Federal Government for attention to the needs of the aging.

Now, as we begin these hearings, the heart of that cooperative effort—the Title III community grant program—is apparently being phased out through funding reductions, and the Administration on Aging, through reorganizations, is being stripped of those functions we know it can perform in favor of functions which the available evidence must lead us to doubt that it can perform effectively.

I am hopeful that out of these hearings the Subcommittee on Aging can determine the need for continuing and expanding the cooperative community services effort and can receive ideas as to how we might insure the existence of an agency within the Federal Government equipped and willing to give high-level intensive, broad-gauged attention to the needs of our older citizens.

The CHAIRMAN. Senator Prouty has a statement that he would like to make before we go to the first witnesses and I defer to him.

## STATEMENT BY SENATOR WINSTON PROUTY

Senator PROUTY. Thank you, Mr. Chairman.

I have prepared a somewhat detailed statement setting forth my own feelings, and those of many Vermont senior citizens, regarding the subject of these hearings.

The thrust of my statement consists of three points.

1. It is essential that guarantee be given to all older Americans—that they shall have incomes sufficient to eliminate any poverty to which many are now subjected.

For this purpose, I am today reintroducing my Older Americans Income Assurance Plan. It is similar to bills I introduced in the 90th Congress and again in the 91st. Using general revenues administered through Social Security, it would assure that every individual past 65 shall have an annual income of $1,800, and every couple at least $2,400.

My bill, S. 1384, together with further improvements in Social Security and other retirement programs, would respond directly to the pressing need of older Americans for decent incomes. In good conscience, America can do no less.

2. Important as income is, however, older Americans deserve more. Quality of life is also essential.

Beyond freedom from want, there should be freedom of action.

We need to expand opportunities for broadened horizons. It is vital that we support programs such as authorized by Congress in the Older Americans Act of 1965.

There must be a strong focal point in government for all the needs of senior citizens. The Administration on Aging, created by Congress for this purpose, must be strengthened.

3. Obviously I am deeply disturbed by proposed cuts in money for the Administration on Aging. I oppose any other changes which will reduce its ability to serve the elderly, and continue the downgrading of AoA—which has persisted since it was created.

In my own State of Vermont, such worthwhile programs as senior centers have played a vital part in adding life quality for many older persons.

Many older Vermonters have expressed their support of my view on this. In a sense, my prepared statement is designed to give voice to their opinions as well as my own.

In the interest of your time, and because that statement is fairly long, I shall not read it now. I ask, instead, that it be made a part of this hearing's record as if read. I also ask consent for inclusion of my March 1 Senate floor speech—opposing cuts in AoA funds—and the statement I shall make on the floor today as I introduce S. 1384, the Older Americans Income Assurance Act of 1971.

Mr. Chairman, I regret that I have an executive session of another committee which I have to attend. I would like to have my entire statement incorporated in the record.

The CHAIRMAN. Without objection the entire statement will be incorporated at this point in the record.

STATEMENT OF SENATOR WINSTON PROUTY

While my work on behalf of older Americans is perhaps most widely known for my efforts to raise the incomes of all to a level of decency and comfort, I believe it important for the record to show that government's responsibility to the aging does not end with elimination of poverty among senior citizens. To broaden horizons of older persons is also vital.

Adequate incomes, comprehensive medical care and decent housing for the elderly are, of course, essential. Beyond this, however, there is need for broad-scale activities and programs designed to improve the quality of life among older Americans.

While the 1971 White House Conference on Aging and the U.S. Administration on Aging both should assign high priority to food, clothing and shelter, I believe both should also give full recognition to the importance of broadening the horizons of older persons in their daily lives. Accomplishment of this purpose depends on programs and activities related to improved transportation, wider opportunities for social involvement—including senior centers, second careers and voluntary community service—expanded research, better recreational and educational services, and a host of projects designed to encourage personal involvement in the mainstream of community and national life.

Such efforts to improve life quality for older persons would be, I believe, most responsive to a truly effective and properly funded Federal Administration on Aging operating within the Congressional mandate for it in the Older Americans Act of 1965.

In the public record of my special concern with needs of older Americans, as I observed earlier, the best known probably have been my efforts to raise income levels. They all have been based on my belief in the ultimate propriety of a Federally guaranteed annual income for all persons past age 65.

Over the years I have striven persistently to increase benefits, to remove inequities and to expand coverage under the Social Security System.

The importance of raising minimum Social Security benefits has been emphasized constantly in this work. In 1964, when minimum benefits were $40, I advocated that they be raised to $70 a month. In 1968, I urged an increase to $100 a month.

I take what I hope is pardonable pride in my successful effort to broaden Social Security coverage through what has become commonly known as the

Prouty Amendment. As originally introduced in 1965, the Prouty Amendment provided for $44 a month to all persons aged 70 or more who had no Social Security coverage. In this form it passed the Senate in 1966. Finally adopted in 1966, after involved legislative deliberations which necessitated compromises, it provided that all persons past 72 who had no other publicly established pension program would be eligible for a special payment of $35 a month. Such payments have now been increased to $48.30.

Prouty Amendment benefits have gone to over one million persons. That there are now about 600,000 retirees benefiting from this provision of the Social Security Act demonstrates how serious income problems are for the elderly. Thousands have written to me expressing deep gratitude even for this meager benefit.

Within Social Security are a number of inequities which call for correction. One which has given me concern is discrimination against older widows. I have long insisted that they should receive 100% of primary benefits instead of the current 82½%. I am hopeful that this inequity, at least, will be corrected soon.

It is not my intention to catalogue all the steps which should be taken to improve incomes, including such matters as tax relief, to which the Federal government should address itself without delay. We all should continue our work on all of these fronts.

My years of involvement in these questions have led me to the conclusion, however, that the time has long since come when the Federal government must truly guarantee that older Americans shall have freedom from want.

My bill, S. 1384, to institute a guaranteed annual income floor to all Americans over 65 is being introduced today. It provides for Federal income supplements to be administered cooperatively by the Social Security Administration and the Internal Revenue Service. Every individual over 65 would be assured an income of $1800 a year and every married couple, an income of $2400.

Emphasis should be given to the concept under my proposal that there would be no exception to its coverage. Eligible would be millions not covered by Social Security, including many persons of most advanced age, and such retired governmental employees as firemen, sanitation workers, police officers and school teachers. Many of these are among retirees with the most serious unmet income needs.

The immediate effect of the bill's passage would be to raise all older Americans above the proverty level.

S. 1384, to provide a guaranteed annual income to all persons age 65 is similar to one I introduced in 1968 and reintroduced with upward modification in 1970.

Despite continuing improvements in Social Security, private pension plans and other savings programs, and our efforts on their behalf should be reinforced, I am convinced that now is the time for a dramatic break-through. Unmet needs of today's older Americans, and a sensitive national conscience in the midst of economic abundance, will permit nothing less. A guaranteed annual income for older Americans should be adopted now!

Today's hearing, of course, addresses itself to the fact that, important as it is, older Americans need more than freedom from want. They also need freedom of action.

True freedom of action by older persons, in my judgement, is a major area in which the U.S. Administration on Aging can—with reinforcement from strong State Commissions on Aging—be most effective. Success in this area obviously will depend on proper funding and imaginative support.

When Congress unanimously adopted the Older Americans Act of 1965, it had a vision. The vision in the minds of members of Congress is clearly enunciated in the Act's Declaration of Objectives:

> The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States and of the several States and their political subdivisions to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:
>
> (1) An adequate income in retirement in accordance with the American standard of living.
>
> (2) The best possible physical and mental health which science can make available and without regard to economic status.

(3) Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.

(4) Full restorative services for those who require institutional care.

(5) Opportunity for employment with no discriminatory personnel practices because of age.

(6) Retirement in health, honor, dignity—after years of contribution to the economy.

(7) Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.

(8) Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.

(9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

(10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

When Congress created the Administration on Aging, it made clear its intent that AoA should have status comparable to the Social Security Administration within the Department of Health, Education and Welfare. Congress reinforced this view with provision that the U.S. Commissioner on Aging shall be appointed by the President and subject to Senate confirmation.

This mandate from Congress has consistently and persistently been ignored by the Executive Branch from the very date of enactment of the Older Americans Act and its approval July 14, 1965.

The pattern of downgrading the broad areas of concern related to older persons has continued, without regard to the political party in power, much along the pattern begun in 1962, when the U.S. Office of Aging was made a subsidiary of the Welfare Administration in the Department of Health, Education and Welfare.

On March 1 of this year, disturbed by proposed reductions in the Administration on Aging's budget, I addressed the Senate on this matter.

In the interest of time, I shall not repeat now what I said then, but I request unanimous consent that my statement of March 1 on the Senate floor be incorporated, for the record, at this point in my statement of today.

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STATEMENT BY SENATOR WINSTON PROUTY ON THE SENATE FLOOR, MARCH 1, 1971

Mr. President, it is with considerable regret that I take note of proposed reductions of more than $7 million in the 1971–72 budget for the Administration on Aging in the Department of Health, Education and Welfare.

It is my understanding that cuts in funding for Community Grants under Title III of the Older Americans Act and Foster Grandparents Program by the Bureau of Budget were contrary to recommendations from H.E.W. Secretary Elliott Richardson.

The needs of older Americans, and hopes created by unanimous enactment of the Older Americans Act in 1965, are such that there should be an immediate reconsideration of these funding cuts.

I am especially disturbed by proposed reductions in activities directly involving older individuals. Important among these are the community programs—senior citizens centers, homemakers services, meals on wheels, etc.—funded through State grants under Title III of the Older Americans Act, and the Foster Grandparents Program.

I am also deeply disturbed, however, about the persistent downgrading of the Administration on Aging within the Department of Health, Education and Welfare. This process began almost immediately after the passage of the Older Americans Act of 1965 and has continued under both the Johnson and Nixon Administrations.

Even before the Older Americans Act, action taken during the Kennedy Administration suggested a bias within H.E.W. against the needs of the elderly that has continued unabated ever since. Indeed, passage of the Older Americans Act of 1965 without a dissenting vote in either the House of Representatives or the Senate could, in itself, be interpreted as a Congressional protest against current and previous discrimination against the elderly within H.E.W.

It may again be time for Congress to take a serious look at what appears to be a basic long-term departmental policy within H.E.W. contrary to Congres-

sional intent. President Nixon's action in naming the Commissioner on Aging to a second post as Presidential Assistant in Aging strongly suggests that he, too, is *personally* concerned about the elderly and recognizes their need for a highly visible focal point within the Executive Branch of the Federal Government.

Proposed cuts in the Administration on Aging budget would seriously impair realization of this objective and work of the AoA. The total AoA budget does include some improvements. Among these, the increase of $4,500,000 in funding for the recently authorized Retired Senior Volunteers Program, R.S.V.P., is worthy of special commendation. It provides money for out-of-pocket expenses incurred by retirees doing voluntary community service. Its approval and implementation will do much to expand opportunities for involvement by older Americans in projects useful to themselves and others. There is also a proposal to increase funds for area-wide projects by $1,800,000.

These steps forward with R.S.V.P., however, and area-wide projects do not justify the backward steps on existing, highly successful programs, particularly at the community level. The $3,650,000 reduction in funds for community program grants under Title III of the Older Americans Act and the $3 million reduction for the Foster Grandparents Program will work serious hardship in almost every State. Many persons and organizations in my own State of Vermont are seriously disturbed by this possibility. Also deserving review is the $2,150,000 cut in funds proposed for research and training.

While the proposed reductions are a substantial percentage of the total Administration on Aging budget, it should be remembered that the savings they would involve would be almost insignificant in comparison to other Federal expenditures and would have little impact on the total Federal budget. Certainly the amount is small when related to the needs of over 20 million older Americans and all out of proportion to damage the cuts would do to the State Offices on Aging.

Serious as the immediate problem would be if the proposed reductions are allowed to stand, my work as a member of the Senate Special Committee on Aging since 1962 makes me wonder if they are not a symptom of a far more serious problem within the Federal Government's Executive Branch regarding older persons.

I do not propose to give a complete review of the history of H.E.W.'s attitude. Certain facts on the record suffice to indicate the problem and its persistence.

In 1962, the very year after the White House Conference on Aging called by President Eisenhower had emphasized the importance of a strong focal point for needs of older persons in the Federal Government, the Office of Aging was downgraded and made a subsidiary part of the Welfare Administration in H.E.W. This action was probably a factor in heightened interest on the part of Congress in an independent unit on aging, an interest which ultimately produced the Older Americans Act of 1965.

Resistance from H.E.W. continued. This is documented by repeated testimony between 1962 and 1965 by the Secretary of Health, Education and Welfare against proposals similar to that finally enacted. That the Congress did not share such reluctance to move on behalf of older persons is shown by its action in passing the Older Americans Act, which was signed into law by President Johnson, July 14, 1965.

In August 1967 a reorganization plan was announced placing the Administration on Aging under a new Social and Rehabilitation Service within H.E.W. So far this action, recommended by then Secretary of H.E.W. John Gardner and regarded by many as violating Congressional intent, remains unchanged.

That this persistent pattern of submerging programs for the elderly has generated much dissatisfaction among older Americans is obvious. That it is contrary to the intent of Congress in its passage of the Older Americans Act of 1965 and subsequent amendments is clear.

It seems to me that corrective action, either by the Administration or by the Congress, deserves serious consideration. A first step, but only a first step, will be early action on the proposed budget cuts for the Administration on Aging. The entire history of the Administration on Aging strongly suggests, however, that a thorough review of its relationship to other Federal agencies should be undertaken.

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I reiterate now my expression of concern about proposed cuts in funding for the Administration on Aging. I cannot endorse any of them. I am constrained, indeed, to voice my clear opposition to such fund reductions.

As I did June 16, 1970 in testimony to the Senate Appropriations Committee urging increased funding for Administration on Aging programs instead of cuts proposed then, I feel I must make my voice heard. I shall, at an appropriate time, again communicate my position to the Appropriations Committee.

Proposed reductions in funds for Title III of the Older Americans Act are, in my opinion, especially undesirable.

Grants to the States for community projects under Title III should be increased. The highly successful work of State Commissions on Aging will otherwise be seriously impaired.

In my own State of Vermont the senior centers, and other community projects brought into being or strengthened under Title III funds, have been a major source of help in improving the quality of life for older persons and for broadening their horizons.

These community projects have struck effective blows at loneliness and isolation feared by the elderly. They have provided new avenues for self-expression. They have given educational and recreational opportunities capable of stimulating renewed and expanded interest in life. Often they have inspired new purpose.

I know that the Vermont experience is similar to that in other states. I am convinced that such answers to life-quality needs of older Americans can only come in the communities where they live.

If any changes in the Administration on Aging should be made, and I believe they should, they should aim at an expansion of its abilities to provide such community activities, not a contraction.

I have been pleased by the numerous communications I have received from older citizens of Vermont who have participated in community programs made possible by Title III of the Older Americans Act. I am grateful for the support such letters have given to my position on this important matter.

In a sense, I am trying to make their many voices heard today as well as my own. I believe their message is clear. They need and want hope, not frustration; social participation, not isolation; involvement, not rejection. Older Vermonters and their counterparts all over the Nation deserve no less.

I have concern, too, about other reductions in program funding, such as those related to research. I am likewise disturbed by reported plans to transfer the Foster Grandparents Program and R.S.V.P., the Retired Senior Volunteers Program, from the Administration on Aging. I believe this would be another unfortunate step toward further downgrading of the AoA.

Looking at the witness list, I know that these matters will be competently discussed.

My primary desire today has been to be sure that the voice of Vermont retirees is heard. That voice says that freedom from want should be accompanied by freedom of action; that life itself is hollow unless it has purpose and quality.

The Administration on Aging should be upgraded and strengthened so as to expand its ability to make such dreams reality where now they are only dreams—to retain their reality where the dreams have been achieved.

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[From the Congressional Record, March 25, 1971]

By Mr. PROUTY:

S. 1384. A bill to amend the Social Security Act so as to add thereto a new title XX under which aged individuals will be assured a minimum annual income of $1,800 in the case of single individuals, and $2,400 in the case of married couples. Referred to the Committee on Finance.

Mr. PROUTY. Mr. President, I send to the desk for appropriate reference a bill to establish the Older Americans Assurance Act of 1971.

Mr. President, my bill would work on a very simple concept. The bill would establish an income floor under all older Americans. It would guarantee every older American a minimum income of $1,800 for an individual or $2,400 for a couple. The income base would be estimated from both earned and unearned income. The proposal would be financed from general revenues.

The income level could be easily computed by the Social Security Administration. For over 30 years they have been applying the retirement earnings test which requires comprehensive recordkeeping. Further information could be supplied by the Internal Revenue Service since integration between the Social Se-

curity Administration and the Internal Revenue Service is already well established.

One of the major benefits of my bill is the provision for revenue sharing. The States now spend over half a billion dollars on old-age assistance. Since my proposal is 100 percent federally financed, States would gain over half a billion dollars in added revenue.

The provision for revenue sharing will free up to $650 million for the States to use. In his State of the Union message, the President proposed a far-reaching concept of revenue sharing which would bring power back to the people. My proposal will assist in making that goal a reality. The Income Assurance Act's limited program of revenue sharing with the States should not be considered as a substitute for the President's proposal. Nevertheless, it will be a modest beginning to assist those persons in American society most in need and, yet, least able to help themselves.

My bill will eliminate the standards which now force our older Americans into a position of complete poverty before they can accept assistance. Consider for a moment the situation facing our older Americans forced to go on old-age assistance. We tolerate a system which allows each State to insist that an older American must exhaust all his savings, lose his property and have virtually no income before he can qualify for old-age assistance. Is this system any less barbaric than the poor houses of 200 years ago?

Many of our impoverished older Americans became impoverished only after they retired. They contributed many years of useful work to our Nation's labor force. They find, after retirement, that they no longer can work, but that their savings are not sufficient to allow them to live out their lives. For the first time in their lives they are forced to accept welfare.

I am committed to the elimination of poverty in all groups in the country. The President has taken the initiative in his comprehensive welfare proposal to link a minimum income standard with work incentive and manpower training programs. His programs will help our impoverished Americans raise themselves into useful and productive citizens.

Our Nation's older Americans have no means to relieve themselves of the burden of poverty. They do not need manpower training programs. Most of them can no longer work. The programs which make the President's proposal most attractive for our younger Americans have no meaning for our senior citizens.

Our system of old-age assistance is not only harsh in its terms, it is not doing what it sets out to accomplish. We have made strides in lowering the number of poor in this country. The number of persons living below the poverty level has been decreased by over 7 million since 1965. Our efforts have started to pay off, but for whom? The number of persons over 65, living in poverty, has actually increased since 1965. Over 20 percent of the persons over 65 are living in poverty. Ten years ago only 15 percent of our economically disadvantaged Americans were over 65.

The income features of the bill will supply all older Americans with what they need most.

It does not provide education.

It does not provide job training.

It does not provide make-work.

What it provides is cash income and security with dignity.

In my own State the situation of our citizens over 65 closely parallels that all over our Nation. The average cash income for our senior citizen's household is $191 a month. This represents 28 percent of the average cash income for all households.

Is there some kind of magic expense reducer for persons over 65? Do taxes or rent or food costs suddenly disappear? Does it suddenly become possible for persons over 65 to live on only 28 percent of their income?

In fact, Mr. President, expenses actually increase for most older Americans. At the same time, cash income virtually disappears.

Between five and a half to seven million Americans in this rich country of ours have incomes below the poverty threshold.

Mr. President, our efforts on behalf of our older Americans have been woefully inadequate. Our efforts have created an illusion of protection. For many our assistance does not exist. For those who worked at low wages all their lives the assistance is virtually nonexistent. Even without efforts to increase benefit payments, inflation erodes all forward progress.

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Moreover, Mr. President, many older Americans receive nothing from increased social security benefits. During their working years, these individuals—through no fault of their own—were not covered by social security.

Why were so many older Americans passed by by social security? Actually, the coverage under the Social Security Act has grown immensely since it was first enacted into law. In 1935 a limited group of industrial workers were covered by the act. The Republican Party became the first national party to advocate universal coverage in 1944. By 1950 coverage had extended to a large majority of American workers. The act presently covers over 95 percent of our labor force. This piecemeal approach has left many workers uncovered.

My 1966 amendment to the Tax Adjustment Act provided a $35 monthly payment to individuals over 72 who had never been covered by social security. When the amendment was first introduced, it was estimated that 300,000 to 350,000 persons would be covered by it. In fact, the amendment has paid benefits to over 1 million persons. Six hundred and fifty thousand persons are now receiving it. Fewer people are receiving the benefit because the eligibility was limited to persons reaching 72 before 1968. Eight hundred thousand of those who qualified for benefits have died since passage of the act. At least those individuals were able to enjoy this meager benefit in the last few years of their lives.

Our original payment to these people was $35 a month, a mere $420 a year; yet, thousands of older Americans have written me thanking me for this minimum assistance.

Under the bill I am introducing today, it is estimated that between 6½ and 7 million persons will be covered under the act. In the future years, fewer and fewer individuals will need to rely on the Older Americans Income Assurance Act. As time progresses, and more and more people reaching retirement age are covered by social security, the need for the act will diminish. We still must make provision for that small group in the population who are not covered under social security taxes and those missed by our piecemeal approach.

The Older Americans Income Assurance Act will eliminate the need for the complete economic destruction of an individual before he can receive help. It will assure our older Americans the economic security which will allow them to live out their lives in dignity and self-respect.

The CHAIRMAN. I want to say that I have a proposal relating to the Social Security program quite similar to that which Senator Prouty has described. I think that this is a matter that we might counsel together about because Senator Prouty, I know, feels this is strictly bipartisan as the older people of the country are concerned, and hopefully we might find a way for this committee to come forward with the proposal.

Senator PROUTY. I certainly would welcome that.

The CHAIRMAN. That might command very widespread support. I think we should at least make that endeavor. So I welcome the news that Senator Prouty has reintroduced his Social Security proposal.

Are there any other members of the committee who would like at this time to make a statement prior to going to the panel?

Senator Moss.

## STATEMENT BY SENATOR FRANK E. MOSS

Senator Moss. Mr. Chairman, I have not prepared a statement. I just want to commend the chairman, and Senator Eagleton, for so early in this session getting down to this very serious problem that we have. I suppose I have spent more hours presiding at hearings on problems of the elderly than anybody else that I have had to do with in the Senate. I commend the chairman for his very forthright statement.

We are indeed in a situation of downgrading and starving the Administration on Aging; and certainly we need to inquire into the reasons for that and to establish, if we can, some reasonable floors

of income and care for our elderly citizens. So I shall look forward to the record that will be made here this morning and hope that we can get quick legislative action in areas where we need it.

The CHAIRMAN. Thank you very much, Senator Moss. I want to express my appreciation for the way you have conducted hearings in your subcommittee through the years. You have made a very important contribution to the work of this committee.

At this point I wish to insert in the record the statement of Senator Williams, the statement of Senator Pell, and the statement of Senator McGovern.

(The statements follow:)

STATEMENT OF SENATOR HARRISON A. WILLIAMS, JR.

Mr. Chairman, throughout the year experts in the field of aging, representatives of senior citizen organizations, and the elderly themselves will be engaged in preparations for the White House Conference on Aging which will begin on November 28.

Quite clearly, if the White House Conference is to provide a meaningful forum for solving—instead of rehashing—the pressing problems troubling the elderly, there must be a sense of confidence in the Administration's commitment to that goal. However, there is a growing feeling that planning for this once-a-decade Conference is faltering.

A meeting for national organizations was unexpectedly called off in February. There have also been delays in the preparation of technical papers, which are to provide the basis of the policy recommendations emerging from State conferences scheduled for May. It has been suggested that the papers were delayed, at least in part, by political screening of members of technical paper review committees.

Developments on other fronts have also raised additional concern. Proposed funding for the Older Americans Act has been cut to the bone. For this coming fiscal year, the Administration requests only $29.5 million for the programs under this Act—only 28 percent of the $105 million authorized funding level. This represents about $1.45 for each 65+ person in the United States.

Practically all programs will feel the sharp effects of shortsighted reductions in funding. For example, in my own State of New Jersey, Federal funding for the Title III community programs on aging will be reduced from about $227,000 for this year to approximately $135,000 for the coming fiscal year.

In commenting on the serious effects of this proposed reduction, Edward L. Donohue, Director of the New Jersey Division on Aging, explained, "If this amount should prove to be the final allotment for the State, it will mean that this Division will be unable to initiate new projects and will be unable to continue several projects that are in operation."

He also said: "The worthwhile services that they have been providing for the aged of the State will cease and very probably a furor unlike any that has been witnessed heretofore will result."

For many elderly persons who desperately depend upon these services to maintain independent living, this will mean that they will have to look elsewhere or possibly be institutionalized.

Equally devastating is the proposed $3 million cutback for the Foster Grandparent program throughout the nation. In New Jersey, nearly 250 participants now provide badly needed supportive services for 1,600 dependent, retarded or otherwise disadvantaged children.

Without adequate funding, many of these children will be denied love and care. And perhaps dozens of these foster grandparents will lose the opportunity to help themselves by helping others. At just the time that this program should be expanded, it would be cut back unless Congress provides adequate funding.

Also disconcerting are recent reorganization moves, which have tended to downgrade the Administration on Aging as the focal point in the Federal Government for the elderly. Six years ago when the Older American Act was passed overwhelmingly, it was the clear intent of Congress that the AoA should be a strong, independent agency with a direct line of authority to the Secretary of Health, Education and Welfare. It was also the intent of Congress that AoA should be coequal with the Social Security Administration. To help provide this

needed visibility and status, the U.S. Commissioner on Aging was made a Presidential appointee.

Despite the strong expression of Congressional intent, AoA's role as the central spokesman for aged and aging Americans is eroding rapidly. Four years ago, AoA was placed within a newly created Social and Rehabilitation Service. With this transfer, AoA lost its direct line of communication with the Secretary.

Recently, the Titles IV and V research and training programs have been transferred to the 10 SRS regional offices. This shift jeopardizes funding for aging research and training, because such projects may become submerged in welfare-oriented activities administered by SRS. This fear was confirmed in the fiscal 1972 budget, which proposes more than a 2 million cutback for these programs—or nearly a 37 percent reduction when compared with this year's appropriation.

Now the Administration is considering another move which may lead to the further disintegration of the AoA. A new volunteer agency is being proposed. And this agency would include the Retired Senior Volunteer Program and the Foster Grandparent program.

If this reorganization is accepted by Congress, the AoA would be left only with the administration of the Title III community programs and the new area-wide model projects.

Next year the Older Americans Act will be up for renewal. With this in mind the hearing today can also provide an important springboard for discussion to determine the type of advocate we want to represent the elderly in the highest councils of government.

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## STATEMENT OF SENATOR CLAIBORNE PELL

Mr. Chairman, I am delighted that you have decided to hold oversight hearings on the fate of the Administration on Aging within the Nixon administration.

There are many questions regarding the commitment of this administration to our senior citizens that must be answered.

I know of no one in the administration who will publicly say that they are not in favor of programs to assist our deserving senior citizens. However, the question remains whether those who speak for the elderly are also willing to support a commitment of dollars and organizational resources to the services our elderly citizens require.

It seems to me it is one thing for the White House to organize our senior citizens for a conference on their problems and it is quite another thing for the White House to support with funds and organizational resources the programs needed to relieve the problems of the elderly.

The dilution of programs within the Administration on Aging and the proposed cutback in funds for the Administration on Aging's programs leave some doubt as to the extent of a commitment the Administration has for the concerns of our senior citizens.

I am hopeful that these hearings will encourage the Administration to refocus its concern for our senior citizens, and I am hopeful that these hearings will provide a forum for persuading our colleagues in Congress to support needed funding for those programs so vital to the welfare of our senior citizens.

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## STATEMENT OF SENATOR GEORGE McGOVERN

I welcome the opportunity to contribute in a small way to this Committee's consideration of the 1971 Amendments to the Older Americans Act. The members of this Committee are well aware of the problems faced by many of our elderly: the grim mathematics of fixed incomes and expanding personal needs. It is a story which you have often elicited, and few are unaware of your sympathetic concern.

My own interest is a somewhat particular one. The Select Committee on Nutrition and Human Needs, which I am privileged to chair, has heard testimony on a basic, and one of the most touching needs of older lives: food. I intend to emphasize that subject in this brief statement.

For all of America's poor, food is the flexible item in the budget. If rent isn't paid a family can go to jail or be put into the streets; if utilities are not paid, lights and heat go off and bill collectors are involved. When people go hungry they do that alone, and usually in silence.

For the aged poor this picture is more common than not. With advanced age come growing needs for medicines and medical attention. Available money then must go first for medicine, next for rent and utilities, and only after that for food. For those living on fixed incomes, often alone and unable to follow bargains or supermarket prices, the money available for food shrinks from year to year, as other needs grow and income doesn't.

Some of our aged stay in their rooms, too vulnerable to go out alone, too feeble to shop, too ill to spend time preparing food, to weak to eat any but the softest, and—too often—least nutritious foods. It is circular: less good food makes people weak; increased weakness makes it harder to go out to get good food.

Poor diets have a direct affect on older lives. There are the obvious effects: of changing weight, of limited energy, of lowered resistance to disease. And there are less obvious effects. Poor diets can produce the symptoms of senility. Diets can affect blood pressure and nerves, can improve or heighten irritability, can and do determine a host of physical conditions.

In the past it was the Administration on Aging that recognized the importance of diet in the lives of the elderly. Many of the projects, supported under Title III and IV of the Older Americans Act, concentrated on how we might make good food available, even for those aged who are isolated or incapacitated. Though small in numbers, these demonstration projects have amply documented the benefits to older Americans of a "Meal on Wheels," or of a nutritious meal provided in a companionable group.

The projects have fed good meals under a variety of circumstances, but they have done much more than just deliver food. Senior citizens have themselves been employed in the projects. Older people who were once socially isolated have met others their own age and have learned to enjoy new friendships. It is always tempting to claim that a project has proved to be a matter of life or death, but these government-sponsored feeding programs have indeed proved to be just that. If someone is expected for a meal and does not come, a check is made to see whether the absence might be the result of injury or illness. Visiting homemakers have arrived with a day's meal only to find that they must call a doctor or an ambulance. The elderly participant in programs meant to provide food find that they are no longer afraid of isolation, of loneliness, or of dying all alone with no one to come or call for help.

My own State of South Dakota offers a good case in point. We have a declining population with a growing proportion of our citizens over 65. Some 20,500 people, 12.1% of the population of the state, are over 65. In many of the small towns strung out across the plains, there are no young people. It is a small and frugal state where even small amounts of money can accomplish a great deal. Last year the state had about $108,000 for grants under Title III; next year it is told there will only be $63,000 aavilable. All over the state, in towns of a few hundred or several thousand, the Title III projects have made their presence felt.

In Sioux Falls, some 2,000 elderly are helped through meals delivered at home to shut-ins, group hot lunches served in Veterans' halls and church basements, homemaker services, recreation, and daily telephone calls to the infirm. In the town of Madison there is a funded Center which has 15 satellites in smaller towns in the area. In that way, even with a widely scattered population, a little bit of money goes a long way. There are several hundred retired people in Huron and Mitchell who were scheduled to get Centers of their own, and a grant of $15,000. With the loss of almost half their funds, the state may not be able to make that grant. There is also a "model" program of which the state is very proud; a program which has no counterpart anywhere in the country. It is a visual screening program which uses a completely volunteer staff to screen all of the residents of the nursing homes and then pays for the eyeglasses or medical treatment of those who need them.

These examples may not sound dramatic: some meals delivered to shut-ins, others served in church basements and county halls, a telephone network, some arts and crafts. Among the elderly who benefit, the effects are very dramatic. When the money for Title III is cut in half, those whose only social contacts occurred in the Title III group meals will once again be isolated. Many of the infirm will have no meals at all. There will be no homemakers to assist the arthritic, no reassuring daily phone calls for those who are alone and ill.

It is easy to sound maudlin and that is not my purpose. But it is difficult to understand why—when such a small amount of money has accomplished so much good that is so ignored, so vulnerable, so afraid—these projects have to

be phased out. If permanent programs had been proposed to fill the void, I could understand. Instead it appears that there is to be nothing, not even the little that is in the program now. I find it hard to believe that a sound national budget depends on reducing the Title III program by $3.65 million.

In the past, the Administration on Aging was the single government agency with a concern for the elderly. Now it seems even that agency will abandon its usually ignored constituency. I would hope that instead we may find ways to alleviate the hunger, the loneliness, the fear, the physical and economic deprivations of old age. Protecting the Title III projects, in that context, is the very least that we could do.

The CHAIRMAN. Our first panel of witnesses this morning consists of Mrs. Roberta Brown, the Chief of the Office of Services for the Aged of the Human Resources Department here in the District of Columbia, accompanied by Mr. Witt Bowden who receives homemaker services; Mr. Walter A. Jones whose connection has to do with the outreach programs for isolates; Mr. Paul Schuler whose connection is with the Foster Grandparent program; and Inspector Shirley F. O'Neill of the District of Columbia Police Department project on social consequences of crime.

I am very pleased to welcome the panel this morning.

I am told instead of Mr. Schuler, Mrs. Mae B. Phillips is here instead, so I make that correction.

I invite the panel to proceed in any way that you may have arranged. Mrs. Brown I understand is to be the leadoff witness.

PANEL FROM THE DISTRICT OF COLUMBIA

**STATEMENTS OF ROBERTA BROWN, CHIEF, OFFICE OF SERVICES FOR AGED, HUMAN RESOURCES DEPARTMENT, DISTRICT OF COLUMBIA; ACCOMPANIED BY WITT BOWDEN, WALTER A. JONES, PAUL SCHULER, INSPECTOR SHIRLEY F. O'NEILL, AND MAE B. PHILLIPS**

Mrs. BROWN. Thank you very much, Senator Church.

I have observed that Mr. Schuler has just arrived.

The CHAIRMAN. Here is Mr. Schuler, Senior Power.

Mrs. BROWN. We are all very grateful for the opportunity to appear here this morning to acquaint you with the title III program in the District of Columbia. We feel that the efforts that have been made by a coordinated group of very dedicated individuals, using the very limited amount of funds that have been available with the funding from AoA for this program, has nevertheless, produced some products of which we are very proud. The results of the activities, that have been funded both through the administrative funds supplied to the District and the project grant funds, have literally saved lives.

We want to tell you something about these programs which, I think you will agree, dramatize—without any opportunity for equivocation—the great need that exists in this community for services to older people, over and above income requirements. Services that mean a difference between a level of living that can bring some comfort and satisfaction, and a severe degree of deprivation or even death.

I am going to introduce, first of all, Mr. Bowden who is a receiver of homemaker services, and who will tell you what that has meant to him.

The CHAIRMAN. Mr. Bowden, we are happy to welcome you here this morning.

## STATEMENT OF WITT BOWDEN

Mr. BOWDEN. Mr. Chairman, I am a bit awed by the formality of the occasion. It was my understanding that I was not to generalize about these problems—I would not be in a position to do so anyway—rather to serve as a personal exhibit. So, I think that the thing to do is to give you a bit of my own experiences with the services furnished by the homemakers.

### HOMEMAKER SERVICE

About 5 years ago I was confronted with a very serious problem. My wife had been in very poor health for some time—but was able to get about and to accompany me on some amount of travel and that sort of thing. However, about 5 years ago she was stricken in a way that confronted us with the alternatives of obtaining some continuing and dependable service, or of her going to some institution—presumably a nursing home. That was the thing that both of us dreaded; and, as you of course know, it is quite expensive to pay for the services of a dependable or satisfactory nursing home.

We were extremely fortunate in being able to make arrangements with the Homemaker Service for a homemaker to come out and help out with the needs that we encountered. Of course, needs varied with the conditions. In our case it was a matter of very restricted diet, it was a matter of more or less continuous supervision as to the effects of the medication and that sort of thing—and, of course, the many items of minor service. I would like to say service not within the range of a trained nurse or a physician. I don't need to go into those details.

I would, however, say this: That the homemakers that were assigned, from time to time, to us appeared to me to be exceptional in the quality of their personality and in their training, and they went beyond the call of duty to render their services helpful—and to help to make life tolerable. For instance, one of our homemakers, Mrs. ———, who has been the principal one, as a matter of fact, it seems has some rose bushes; and she brought a little vase and regularly would bring a rose, or two or three roses, and put them in that vase on the dining room table. That was beyond the call of duty, of course. I suppose if one were to speak in terms of catholic charity, it would be a matter of performing works of superhuman obligation.

The CHAIRMAN. Mr. Bowden, how often was the service supplied? How many times a week?

Mr. BOWDEN. Pardon me?

The CHAIRMAN. How often was the service supplied?

Mr. BOWDEN. Five days a week.

The CHAIRMAN. Five days a week?

Mr. BOWDEN. Considerable time.

Now, when my wife passed away, I was again confronted with alternatives. I have had to go to the hospital occasionally on a number of ailments; I am glad to say nothing serious. That would have stopped most people my age: but, nevertheless, I felt that I would have to do one of two things—have the continuing dependable assistance, or else go to some sort of an institution.

Well, the Homemaker Service was generous enough to continue enough assistance, to me, to enable me to remain in my home—or apartment—with my acquaintances, and my books, and my music. I might say, I do quite a little bit of writing which I cannot do away from my books, and it was of very great assistance to me. I am grateful to the homemakers for making it possible for me to continue as I am at the present time.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Bowden.

Are there any questions?

Senator Moss. How long a visit does the homemaker make when she comes to your apartment? Does she just come for an hour or how long?

Mr. BOWDEN. Ordinarily a half a day.

Senator Moss. A half a day.

Mr. BOWDEN. Ordinarily, I understand.

Senator Moss. And you said that one time it was as much as 5 days a week. Is it less than that now?

Mr. BOWDEN. Less now.

Senator Moss. How many times a week?

Mr. BOWDEN. Well, ordinarily they come 3 half days a week.

Senator Moss. Three half days a week, and that is enough to enable you to stay in your home and continue your writing and to be in the circle of friends that you have made?

Mr. BOWDEN. Yes.

Senator Moss. That is a very heartening thing, and I am pleased to have you report that, sir.

The CHAIRMAN. I notice that Senator Hartke, the Senator from Indiana and a member of this committee, has joined us. I just want to welcome him this morning.

Any other questions?

Senator Hansen.

Senator HANSEN. Mr. Bowden, what is your background? What did you do before you retired?

Mr. BOWDEN. I was, for a good many years, a teacher of history and a writer of sorts; but I later became connected with the Bureau of Labor Statistics as a labor economist, and in that situation I continued until I retired.

Senator HANSEN. Thank you, sir.

Thank you, Mr. Chairman.

### COST FOR HOMEMAKER SERVICE

The CHAIRMAN. Mr. Bowden, has this service cost you anything?

Mr. BOWDEN. Oh, yes. Yes.

The CHAIRMAN. Could you tell us what it has cost you? What did you pay for it?

Mr. BOWDEN. I was told that I would be charged at the average rate, and that has varied. It varies som

Mrs. BROWN. Senator Church, perhaps I could elucidate on that point.

The CHAIRMAN. Yes.

Mrs. BROWN. For individuals whose income is so low that they qualify for public assistance, there is a Federal funding mechanism

that permits homemaker services to be provided with no cost to the recipients. For individuals who are Social Security recipients or who have pensions that are paid relative to a level of income of 15, 20 years ago, often they are on the border and therefore have no access to funding of homemaker services—except for the kind of program we introduced with title III funds. It pays now 50 percent of the cost, if the other 50 percent can be produced through local resources where the client is helped by some agency like the Cancer Society, or can, himself, pay half.

This does not reach nearly the number of people who we know would need and benefit from the service, but we have for 5 years been able to provide this type of money to keep this program going to reach some individuals who otherwise would not be able to have it. The cost now for homemaker services is not far below the $4 an hour which covers all of the backup services of nutrition, expertise in nursing care, and other things of that sort.

Miss Bandell from the Homemaker Service is here

The CHAIRMAN. A nursing home would cost $40 to $60 a day.

Mrs. BROWN. The lowest cost for a nursing home in the District is that of a public nursing home, which is D.C. Village; and their costs, which do not take into consideration capital outlay and other expenditures, are about $17 a day.

The CHAIRMAN. How many are receiving the homemaker services here in the District?

Mrs. BROWN. 170 older persons at any time; about 50 of whom have half the cost paid by title III funds.

The CHAIRMAN. So this has been a kind of token program. If the size of the program were related to the size of the need, would it be fair to say this has been a kind of token program or a demonstration program or model program, whatever term you want to apply?

Mrs. BROWN. Yes; I think you could call it a demonstration program. However, it is probably much larger than that in any other city that I have knowledge of. The Homemaker Service itself is only a relatively new program, perhaps 10 years old. They began here with six homemakers. It was serving nobody with chronic illness, only crisis situations. This has now been extended for older persons.

We really don't know the extent of need for this service. We have only seen the top of the iceberg, and we really don't know, because the outreach programs, of which you will hear something this morning, are beginning to show us something of the dimensions of the needs of people who are in their late retirement.

Mr. BOWDEN. Mr. Chairman, I would like to add this: I have felt that, since the services of the homemakers have enabled me to live with a minimum of medical expense, it has been pleasurable, on my part, to be able to contribute.

The CHAIRMAN. Thank you, Mr. Bowden.

SUPPLEMENTAL STATEMENT OF WITT BOWDEN

If my statement to your Committee last Thursday, the 25th of March, is made a part of the Committee's published record, I shall greatly appreciate your including this supplemental statement * * *.

I was asked to state simply the nature of the services rendered to me by the Homemaker Service, and I strictly followed that request. However, in the context of the hearings (my statement coming at the start with no explanation of

the two-fold nature of the agency's services—charitable and non-charitable), and in view of the nature of the publicity accorded me in the Washington Post—in view of those circumstances, it would appear that I am receiving charitable public assistance.

What I want to add, in particular, is that I have paid, through the office of the Homemaker Service, what I am told is the average compensation received by homemakers, and in addition I have contributed from time to time to the agency's administrative expenses.

I am still indebted to the agency, and am grateful to it, (1) because its employees are carefully selected, instructed and supervised; (2) because the number of homemakers available is very limited, and I was fortunate, and seriously doubt if I could have obtained dependable assistance through ordinary hiring procedures.

I am not acquainted with the general situation in detail but I understand that a moderate public subsidy would help the agency to expand both types of its services—those in which the agency pays the compensation of the homemakers and those as in my case, in which that compensation is paid by persons receiving the service. It is my impression (correct, I earnestly hope) that services rendered to persons of the second type do not in any sense limit the services rendered by the agency to persons of the first type. I have assurances, in fact, that my contributions, modest as they have to be, are helpful in expanding the service to others.

The CHAIRMAN. May we proceed with the next witness?

Mrs. BROWN. The next witness we have is Mr. Walter A. Jones, whom you identified in your introduction, and he can tell you about some of the outreach activities.

The CHAIRMAN. Mr. Jones, it is a pleasure to have you with us this morning.

## STATEMENT OF WALTER A. JONES

Mr. JONES. Mr. Chairman, honorable Senators and members of these two distinguished committees, I am Walter A. Jones, a member of the Mayor's Advisory Committee on the Aging and a board member of the National Council of Senior Citizens. I was a team captain of the Medicare Alert program and also for the experimental project, Operation FIND. At that time I went into homes and found old people suffering unbelieveable deprivation; and the sad thing was that most of them had not the slightest notion that anything at all could be done for them!

### MEDICARE ALERT PROGRAM

The primary purpose of the Medicare Alert was to find and record the physical location of the elderly over 65; but we also found many elderly poor in almost complete isolation, in extreme loneliness, in bitter withdrawal from the community, and with no communication—no radio, TV or telephone—some partly blind, and in some cases, illiterate. Operation FIND documented all this.

Since Operation FIND 1966, statistics concerning the needs of the elderly have reportedly increased. In spite of Medicare Alert and Operation FIND, it is believed that there are more elderly poor who live continuously on a standard of living below the public assistance level. Even though, through the efforts of the Community Senior Service program and many other outreach projects, they are advised of their eligibility for welfare grants, food stamps, and medical assistance—and are encouraged to apply—we believe that many are not reached or even contacted at all for these services.

Today, thanks to the funds made available under the Older Americans Act, we have built a network of basic services that are saving lives, relieving hardship, and giving hope for the first time in years for thousands of elderly. We have only begun to meet the need we know is there; but we know, now, how it can be met.

### Protective Service Program for Older Adults

For example, I want you to picture in your minds this 72-year-old lady who owns and lives in this house in Southeast Washington. She is a widow who is very confused and has resisted all help that has been offered—until someone called the Protective Service Program for Older Adults. This program came into being, as a federally funded demonstration, as a direct result of the use of Older Americans Act State plan administrative funds.

Every window in this house that you have envisioned was broken, and the widow was living there without heat or light. A few weeks ago, on a day the temperature was 18°, when the Protective Service staff person visited her, there was no food in the house and no means of cooking. Yet the widow had in her possession several uncashed Social Security checks. She refused to cash them because, as she said, they had been improperly made out.

The little old lady allowed the worker to take her to the Model Cities Senior Center whereby she was given lunch. The center at 25 K Street NE. exists today because an Older Americans Act title III grant made possible the initial planning for the center, and another title III grant provided seed money—until the Model Cities plan for the District was funded and took over.

Protective Service staff and the Model Cities Center staff, working together, convinced the staff of a nearby Community Mental Health Center that this woman's mental condition might respond to treatment. A psychiatrist and a psychiatric nurse now are going regularly to her home. This represents a tremendous breakthrough—because mental health programs traditionally require that a patient voluntarily seek help and keep appointments at the clinic. Of course, this regulation has meant that hardly any older patients have received services; because many would never admit to needing them, and others simply could not remember to keep the appointments.

This particular lady is going to receive continued skilled help to assist her to keep the independence she chooses, and to improve her living conditions and her health.

This type of case could be multiplied many times throughout any community. On the other hand, I could tell you of many, many services that are daily being provided, as a result of the creative use of the Older Americans Act funds, here in the District of Columbia.

I am proud to say that the District has earned a reputation for the innovativeness and soundness of its programs for the aged. We have learned that, for those who most need help, there must be "go to" programs that involve hard work in getting access for the aged to search resources. But we believe that we have broad support from a public which understands that, although these activities have a high price tag, they are vitally necessary and must be continued and expanded.

I thank you.

The CHAIRMAN. Thank you very much, Mr. Jones.

When was it that you completed your Operation FIND?

Mr. JONES. Well, it was an experimental program and we completed it in 1966.

The CHAIRMAN. Then you mentioned one other program connected with Medicare, the purpose of which was to go out and find people.

Mr. JONES. Medicare Alert.

The CHAIRMAN. When was that completed?

Mr. JONES. That was completed also in 1966, just prior to Operation FIND. In fact, Operation FIND was funded directly following Medicare Alert.

The CHAIRMAN. So since 1966 then there has been no funded program, the purpose of which is to reach out and contact elderly people who might not know what programs are available, what help is available for them and for their problems, is that right?

Mr. JONES. There have been some small fundings of outreach planning but not sufficiently, I would say, to do any real good. But there are a few small programs.

The CHAIRMAN. Is it your opinion that there are many elderly people, let's say here in the District, who are still unaware of public benefit programs that are available to them?

Mr. JONES. Yes, Senator, I do believe this.

The CHAIRMAN. Senator Beall and Senator Kennedy have both arrived. We would like to welcome you.

Senator Moss, do you have any questions?

Senator Moss. I do not have any specific questions. Well, I do have one or two maybe.

### FUNDS FOR SENIOR AIDES PROGRAM

What is the amount of funding available to do this outreach work that you are talking about now in the District?

Mr. JONES. Think I would prefer that Mrs. Brown answer that question.

The CHAIRMAN. Mrs. Brown.

Mrs. BROWN. There is a program now that is being operated under another funding mechanism—it is not part of the Older Americans Act program—the Senior Aides program which is from Labor Department funds. I believe there are perhaps 40 to 50 senior aides—Mr. Schuler can speak to this—at any given time whose duties include canvassing the neighborhoods. They perform in many different ways and Mr. Schuler will have an opportunity to tell you about that.

### PROJECTS FUNDED UNDER TITLE III

In the six projects that are currently funded in the District of Columbia with our title III money, three of them are conducted by neighborhood houses or settlement houses and do have an outreach component. This is satisfactory for those neighborhoods but we feel that more such efforts are need to reach a goodly percentage of the people who probably are in need of help.

One of our other witnesses, Inspector O'Neill, will be talking about another way of obtaining outreach.

Senator Moss. Did you say there were only two or three of these neighborhood houses and the rest of the District is uncovered, then, in the outlook?

Mrs. BROWN. There is a growing capability of discovering need; not the least of which is the participation of senior citizens, themselves, in activity programs—such as the Model Cities Center and also through the Clearinghouse Committee. They uncover need themselves, and as professional staffs serving the various agencies become better coordinated there is better referral. Again, the extent and the complexity of this amounts to perhaps 26,000 people who are at, or near, the poverty level; and where the great concentration of need exists.

Senator Moss. Thank you very much.

Thank you, Mr. Chairman.

The CHAIRMAN. Senator Beall.

## INFORMATION REFERRAL SERVICE

Senator BEALL. Assuming that one of the great problems is that of making older people aware of the services that are available, I would like to call to the committee's attention what my State of Maryland is doing in this regard. Maryland's Council on the Aging has set up an information referral service, where any elderly citizen can pick up a telephone and dial a number, toll free, from anywhere in the State and the information they are seeking is given. Is this used in the District? Do you have a similar type of operation?

Mrs. BROWN. In the District we have the advantage of being one community, and my office serves as an information and referral point. It is not the only place where this kind of knowledgeable service is rendered; because, our Senior Center does this, the Health and Welfare Council does it, the Mayor's Complaint Center does it, and we are in contact in a rather intimate way throughout the community—on a daily or weekly basis.

Senator BEALL. Do you circularize the senior citizens of the District to make them aware of the fact that you exist?

Mrs. BROWN. The contacts are frequent with the Clearinghouse Committee, about which you will hear, and there are a variety of organizational structures that exist that keep people aware of the other people's functions. Our information referral service is not structured as the one in Maryland; but I think that we can be as effective because we are one community where, if someone calls up the District Government number and says, "I have a problem related to aging," the call is plugged into my office immediately.

Mr. JONES. Senator, during the program of Operation FIND a referral manual was developed. I am not sure whether it is still in use in the city, but it was distributed to agencies throughout the city at that time.

The CHAIRMAN. Thank you, Mr. Jones.

Senator Beall has put his finger on one of the serious problems that face people these days. Everything has become so large and complicated and such a multiplicity of programs that many people just don't know where to turn to get information.

I wonder if you are aware of any community or any city government that has simply established a single telephone number for information; whatever information you want to get, you just call that number.

Senator BEALL. The city of Baltimore does that.

The CHAIRMAN. This is being experimented in the city of Baltimore.

Senator BEALL. The State of Maryland does it statewide. You can be anywhere in the State of Maryland and call a number and you will get information. Your message is even recorded so, that if there is no one there, they will call you back with the information that you seek.

The CHAIRMAN. And this is not limited to information concerning the elderly but any information concerning any governmental program?

Senator BEALL. It applies to the elderly. It is for the benefit of the senior citizens.

The CHAIRMAN. I had in mind a possible informational service that might be open to all citizens, whatever their questions. With the kinds of computers we have these days it seems to me that it might be possible to establish a very sufficient informational service for all citizens with one place to call, one number to call, in that community, whatever their question might be, and someone would be put in contact with them who would be in a position to give them a reliable answer.

Mr. JONES. I believe, Senator, that the Welfare Department Information Service can give most of this information. If the questions are directed to the Senior Aide program, they can direct the applicant to the service.

The CHAIRMAN. Senator Hartke, do you have questions?

Senator HARTKE. I have no questions.

The CHAIRMAN. Senator Kennedy?

Senator KENNEDY. I want to extend a word of welcome to you. I regret that I was not here for your presentation.

I was just wondering if you could perhaps reduce to human terms what the administration-proposed cutbacks will mean to your programs. Will there be people who will be unable to participate in the programs because of these various cuts? Will there be people who have built expectations, who have found their lives changed significantly for the better, who have a greater sense of hope because of these programs and who now will be left frustrated and disappointed?

## ADMINISTRATION'S BUDGET PROJECTIONS

Mrs. BROWN. The administration's budget projections, that were received in each State within the last few weeks, have projected to the District of Columbia a total for project grants of approximately $60,000. This is in contrast to the $100,000 that we had last year. This means that we will be hard put to continue, in existence, some of the programs that are currently being funded; and we certainly will not be able to introduce any new programs.

We have good applications from a number of agencies that are earnestly seeking to develop programs. For example, a church group began a program with a gift, and they want to continue and add to the neighborhood outreach programs. We won't be able to even consider funding any of them, if this level of funding is the actuality.

My own feeling is that we need to have a continued source of funding for these programs that are improving their validity; and we would hope for Federal funding where this is an ongoing need.

But, until such time as this kind of mechanism has become acceptable to the Congress and to the people of the United States, we are vitally dependent upon the continuation of this Older Americans Act program—even though it is based on a demonstration concept.

Senator KENNEDY. Let me ask further, haven't your various programs been affected by inflation as well, so that a funding level even equal to last year's still might mean a reduction of services? And have you been able to find other sources of funds?

Mrs. BROWN. We have been trying very hard to get access to other types of funding wherever it is possible to do so. If, for example, the Foster Grandparent program that Mr. Schuler is going to talk about can be tacked into a mental retardation program eventually it could be funded a hundredfold compared to what it is presently possible to do, and the need is more than apparent there. This is a program for children in the facility for retardates, and wherever it is possible to move into funding by other methods we try to do it. But, the well is getting very dry, and the other forms of funding are being squeezed.

I am pleading for the continuation of this admittedly inadequately funded program, until the climate will support the kind of Federal funding that I believe is a necessity—if we are to behave like a civilized nation toward our dependent and old people.

Mr. JONES. May I add, Senator, I believe that if these on-going programs are not continued, or are cut back, that it will cause untold suffering and hardship in many areas of this city.

### RESPONSE TO ADMINISTRATION CUTBACKS

Senator KENNEDY. I understand the administration has suggested that these programs are not working and that justifies the cutbacks. What would be your response to that argument?

Mrs. BROWN. Senator Kennedy, I would like to respond to this—and this is something that is very close to my heart. The programs that we are describing today are for people who have very real needs. They have made their contribution to the work force—they have chopped the cotton, they have laid the railroad ties, they have broken the sod, and they have provided a kind of brute energy at a time that it was vital to the needs of the country. Their labors are not needed in an economy which has a 6 percent unemployment rate, at the present; but they are human beings who are entitled to live out their years in dignity and some degree of comfort.

Now, if we are squeezed to do the kinds of cost effectiveness measurements that derive from the Department of Defense concepts—where you can get a measurable result in body counts—or, if we are asked to provide cost effectiveness accountability—in terms of wages to be earned in the future or dollars to be paid in taxes—we cannot play in that ball park. We have to rely on the compassion and the understanding of a government and a people who will agree that these programs are valid, because they are humane and right; and that they do not have to measure up to the kind of cost effectiveness requirement that stems from the budget concepts—and are being stringently applied in the social rehabilitation services today. The top priority of service funds in social rehabilitation service programs is for services to return people to gainful employment. Now where does that leave us?

Senator KENNEDY. I think you have stated your case extremely well and extremely compellingly.

We are often told that if we increase the money above the administration request that the additional resources will not be used effectively. I would simply ask whether you think that significant increases above the administration's request could be used effectively to benefit the quality of life of perhaps hundreds or even thousands of citizens?

Mrs. BROWN. Senator Kennedy, I think that the people who are testifying here this morning can, in their own experience, testify to this.

The CHAIRMAN. Thank you, Senator Kennedy.

The next member of our panel is Mrs. Mae Phillips.

Mrs. BROWN. May I suggest Mrs. Phillips is prepared to do a summary statement. I think we could best hear from Inspector O'Neill, and then Mr. Schuler, and then Mrs. Phillips.

The CHAIRMAN. All right.

Inspector O'Neill, we will hear from you next.

## STATEMENT OF INSPECTOR SHIRLEY F. O'NEILL, D.C. POLICE DEPARTMENT PROJECT ON SOCIAL CONSEQUENCES OF CRIME

Mr. O'NEILL. Mr. Chairman, members of the committee, you might wonder what a policeman is doing here this morning. A few years ago you would not have heard of such a thing; but present day, modern policemen believe that they should be trained in social work—social sciences—because, after all, they are the discoverers of these social problems in the streets every day, 24 hours a day.

I happen to be the commanding officer of the Third District, which encompasses the area known as Central City or the underprivileged portion of Washington, D.C.—the capital of our Nation—so I am aware of the problems of the elderly.

Once upon a time, several years ago, we might say that the Police Department—having discovered the various problems of the elderly, and other people victimized by crimes, or some other contact they may have had with the police—had to fill the void when society failed to do the job. They had to do these things. Certainly improvemment has been made in the last 10 years, as far as services to people and elderly, but it still is not enough.

### SERVICES TO THE ELDERLY

We talk about the various agencies we have, and the documents on referral. That is true, but what are you going to do about an elderly person that comes into the hands of the police at 2 o'clock in the morning; and she has some particular problem, or he has some particular problem, that needs immediate attention? These are the kinds of things that the Police Department has, for years, tried to solve; and we have been getting some help, thankfully, during the last several years. By being trained in social services, by being trained in social sciences, we realize the problem of being able to make better evaluations of the problems.

My philosophy is that, during these times and in this stage of America, we should provide not only the services that you talk of here

this morning but also bring the services to the people. Many of the elderly people are immobile, they need personalized service and they deserve personalized service. This means you have to have a better quality of social worker, better means of getting the service to the people, and making them aware of what services they are afforded.

### Services to Other Agencies

I would like to mention particularly an experiment that we had at 1620 V Street. This was a private project run by a competent social worker, Mrs. Brostoff, and she came upon the theory, that agreed with mine, that we ought to discover the police department has so many records that can help other agencies to carry out their responsibility—because we find these things.

So she found the office across the street of an old house that had been made available to another pilot project, and worked in conjunction with them to give us some space. She comes over to my office several times a week and I make the records available to her, records of contact by policemen where the person is 60-or-over; elderly people that have been victimized by crime, and had other particular problems.

She has handled, I would say, since October 1970 on her own, frankly, 200 cases. She has been able to follow this up by making personal contact; and being able to get to this particular victim where some person may have been robbed, lost their food stamps, that type of thing—maybe an elderly immobile person being able to get him to the place, being able to make him understand the opportunity of getting his particular problem solved.

There was one particular case, I recall, where an elderly person had been robbed and it was reported in the paper. We had a couple of con artists and they approached this lady one other time and identified themselves as policemen—or private detectives—and said that they had sources of information that could find the people who robbed her, and that type of thing. They told her that, "Now we can solve this crime but we have to have some funds for our informers," and that type of thing. So they finally got her to go to the bank and withdraw a large sum of money; and, at that time, she was really fleeced out of a large sum of money.

Mrs. Brostoff on her followup contact of this lady went through the circumstances with her, and tried to provide some of the needed help.

Several days later during the money transaction between the elderly lady, the people at the bank persuaded her to draw out some money in checks. I think two checks, in a large sum of money and other money in cash. But what actually happened, when she contacted the social service worker, was that these people had further contacted her and they wanted to cash these checks—they didn't want to just take $1,000, they wanted to cash the checks, too.

So she contacted my office and I got my detective surveillance; and, when they went to the bank to cash these two checks, my men were there and made the arrest. Out of $5,000 we recovered, I think, $4,800. This is just one example of somebody being interested in a person's problems and particularly on the problems that we cannot follow up. There are problems that we get, as I say, when it is impossible at that particular time to follow up. Particularly in the elderly cases, we need

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the people there who have the expertise that can take over immediately and furnish the elderly people a service they so rightly deserve.

Thank you, Mr. Chairman. I would like to request that my prepared statement be entered in the record. That is all I have.

The CHAIRMAN. Without objection, your statement will be included.

(The statement follows.)

PREPARED STATEMENT OF INSPECTOR SHIRLEY F. O'NEIL

PROJECT ASSIST

Project Assist is a unique research and demonstration program funded by the Office of Services to the Aged in the Department of Human Resources, D. C. Government, and sponsored by the Washington School of Psychiatry. Its purpose is to determine what kinds of contact older people have with the police and to determine ways to connect these individuals with available community resources.

Implicit in this purpose is the belief that people aged sixty and over are victims of crimes in a way not well understood, and that this victimization suggests social or health problems either causing, or as a result of, being victimized. Also, Project Assist's existence is based on the realization that many old people come to the police with problems that are not crime-related, but because they are unable to get to the appropriate helping agency. If old people are particularly vulnerable to certain crimes or are likely to suffer from certain wants, then the police may well be the agency that they are most likely to contact for help. This proposition underlies Project Assist.

Many police departments have begun to respond to the public's turning to them as a social agency. Police community service projects have been developed in a number of cities. Typically, these projects have been useful for a dual function: getting social service referral information to the public and providing a meaningful job for ghetto youth too young to become police officers. By developing a community service corps, police departments have tried to bridge the gap between the community and the police.

Project Assist is unique in that it is the only attempt in the nation to specifically try to help the aged as they come into contact with the police and to concentrate on expertly helping the client rather than on creating jobs for inexperienced youth. Project Assist's specific goals are to determine to what extent older people are victims of crime in the District of Columbia; to find out what social or health problems result from the victimization; to find out what kinds of situations older people bring to the attention of the police when no crime has been committed; and to develop a demonstration social service referral system to help older people with these various problems after they have been brought to the attention of the police. Project Assist is staffed by a professional social worker and a para-professional case aide.

Project Assist set up operation in October, 1970 in the Third Police District. Assistant Chief Tilmon O'Bryant felt that this District probably had the highest concentration of needy older persons in the city. By coordinating with the Pilot District Project, an on-going police-community relations project sponsored by the United Planning Organization, Project Assist moved into the first floor of a small house opposite the Third District Stationhouse with the Pilot District Project Stationhouse Employees Program.

Cases were encountered in several ways. Older people walked into the stationhouse seeking help on the average of two or three a week. The first case the project handled concerned a woman who simply showed up at the stationhouse, demanding that an officer return with her to her apartment and arrest the people who were wiring her head with electricity, putting boxes into her radio and TV, and generally trying to "get" her. This woman was deaf and partially blind. The only way to communicate with her was to write in large letters. The police wanted to help; how could they alleviate her extreme anxiety? Project Assist's Director, Mrs. Phyllis Brostoff, communicated with Mrs. H., finding out her name, address, and other information. Realizing that Mrs. H.'s anxieties needed to be relieved, Mrs. Brostoff took her to a Community Mental Health Center. Since Mrs. H. was suffering from glaucoma, Mrs. Brostoff made sure that the Mental Health Center arranged for the care of Mrs. H.'s eyes, since the real pain of the glaucoma might have been the major source of Mrs. H.'s hallucinations.

Project Assist also utilized police records to find cases. Mrs. Brostoff arranged with one of the desk officers, through the administrative sergeant, for the records of every complainant over the age of sixty to be pulled twice a week. She then read these records, kept a running record of the types of incidents and the ages of the individuals involved, and copied relevant information from records which she felt warranted further investigation for potential social problems of the complainants. These records included anyone taken to the hospital after the police investigated the need for an ambulance; any missing person report; any robbery of an unemployed or retired person; any fires; and reports of lost money or food stamps. The individuals were then called if they had a phone, or a letter was sent to them explaining Project Assist and asking them if they needed any help in a variety of areas. If it was necessary, Mrs. Brostoff made a home visit to clients to assess the situation before a referral to the most appropriate agency was made.

Clients were also forthcoming from referrals by police officers, other clients, or agency personnel. Social service is a complex process, although it is rarely seen as such. Mrs. Brostoff spent a month developing contacts at agencies and finding out what was available where and when, and what was the best method for getting services to clients at the various agencies. Knowledge of the available agencies is only one side of social service referral, however. An ability to assess what problem a client has and to discriminate between problems if a number exist is crucial. And after knowing about resources, and making what seems to be an appropriate referral, the worker must follow up the case, with a second or even third resource to turn to if the first either cannot or will not render the needed service to the client.

Numerically, the most typical case for Project Assist was that of an older person who had been robbed on the street or in the entrance or hallway of his apartment building. On one occasion Project Assist was instrumental in stopping a serious crime. Mrs. Y., a 66-year-old retiree, had been robbed. The project's case aide, John Robinson, called her, offering information about whatever program seemed appropriate to her need. Mr. Robinson got some information about public housing for Mrs. Y. at her request. The next week she called to tell him that two men had visited her, showing her police officer badges. They had taken her to a government building, parked the car, and shown her pictures of someone whom she could identify as the person who had robbed her several weeks before. Then they had told her that in order to trap the person it would be necessary for her to give them her savings of about $5,000. They took her to her bank, but the cashier insisted on giving her cashier's checks for most of the money. The men were to pick her up in half an hour to cash these checks. Mr. Robinson knew that the men must be confidence artists and not real officers. He told her that he would get help and went across the street to the stationhouse and told the story to a detective sergeant.

The sergeant called Mrs. Y., got a description of her coat, and sent two plainclothes officers to the scene of the rendezvous. The officers followed the car to a gas station and arrested the two confidence men. These men had forged identification and at least one was wanted in another state for similar acts. This was the largest amount of money ever recovered in the Third District in a case of this sort. Without Project Assist's relationship of trust with Mrs. Y. she would have become the victim of yet another crime.

In most cases of robbery victimization, Project Assist has not been able to offer much help in the major area of trouble—fear on the part of the victim. However, the fact that someone working with the police called and offered to help in some area seemed to reassure many of the people. Clients have commended the police for being interested in them, and being able to talk to someone about what happened when they were victimized helps relieve some of the tension resulting from the robbery. Since the typical robbery victim is likely to be a very poor person (contrary to the popular stereotype), Project Assist has been able to inform a number of people who are eligible for Old Age Assistance about this program. The project staff also has helped people fill out the applications. Occasionally a few emergency dollars for robbery victims in severe need have been secured from various agencies. Project Assist also has been able to inform people about the food stamp and medicaid programs, as well as to put them in touch with a friendly visiting service and the services at the Model Cities Senior Center.

The other major kind of cases handled by Project Assist concern people who are physically or mentally ill. For example, an officer left a note for Mrs.

Brostoff asking her to visit Mrs. R. Mrs. Brostoff found Mrs. R. dying of malnutrition and dehydration, and had to act quickly to get Mrs. R. to a hospital and then to get the hospital social service department to find out about her resources through her son, who lived out of town. Another example was Mrs. S., who came to the attention of the police because she wandered into the stationhouse, She had apparently left her friend's home and claimed not to be able to return. Mrs. S. was suffering from diabetes and did not take her insulin properly or eat regularly. Mrs. Brostoff recognized that the uncontrolled diabetes contributed to Mrs. S.'s emotional instability and referred her to Protective Services for Older Adults, which was able to place her in an Alternate Residential Placement home whose proprietor saw to it that Mrs. S. ate regularly and took her medicine.

Various other kinds of cases have been handled by Project Assist. Mr. D., for example, returned from a nine-day stay at the hospital to find that his wife was not home. She had simply disappeared, without taking anything but the clothes on her back and her pocketbook, which contained their food stamps and the the rest of their public assistance check for that month. Mr. D. had no use of his right hand or arm from a forty-year-old injury and was unable to "even open a can of beans," as he put it. A neighbor had been helping him keep his place clean and preparing some food. Mrs. Brostoff was able to arrange to have public assistance add money to Mr. D.'s check to pay the neighbor for continued housekeeping services after a Public Health nurse certified the need for this help which was essential. A month and a half later, Mr. D. came back to Mrs. Brostoff with a letter from D.C. General Hospital which asked if he knew anything about a woman who answered his wife's description but whose name was slightly different. Mrs. Brostoff was able to establish over the phone that this probably was Mrs. D., who had apparently been attacked and had lost her pocketbook and her memory. She had been in D.C. General for the entire month and a half; she had been brought in, nearly frozen to death, by police in another district. She is now recuperating at home, and Mrs. Brostoff was able to arrange with Public Assistance to continue the housekeeping funds to allow Mrs. D. complete rest.

A few statistics will afford a more specific picture of the people Project Assist has helped. The average age of Project Assist's clients was 67. Almost two-thirds of the clients were women. Sixty-two percent of the clients were black and 38 percent were white. Sixty-three percent of the clients lived alone; 48 percent were widows or widowers, 27 percent were single, and only 14 percent were married and living with their spouses.

Although 41 percent of the clients could be classified as having problems which severely impaired them, almost all of Project Assist's help was rendered in a short period of time—either within a few hours or days of contact with the client. However, in spite of the emphasis on information and referral and deemphasis on direct service, the staff found it necessary to work with 12 percent of the clients for weeks or months.

Only 14 percent of the people contacted had no particular impairment; 12 percent were mildly impaired, and 31 percent had a moderate degree of impairment. The staff was unable to contact 20 percent of the people who were referred to help or who the staff tried to follow up from police records. Part of the reason for this was that 34 percent of the clients did not have a telephone. Police records were the major source of cases, with only 29 percent originating in either "walk-ins" (people coming directly to the stationhouse or Project Assists office), direct requests for help over the phone or from police officers requesting the staff to investigate a situation.

The largest goup of clients received Social Security as their major or only source of income. Twenty-six percent recieved public assistance. Only about 5 percent of the clients had income which was more than $200 a month. Six percent of the clients had no source of income when they came into contact with Project Assist.

Project Assist has found that older people are proportionately more victimized by robberies than their younger counterparts. The project has also found that enough older people come to the police for help in non-crime related matters of sickness, mental illness, and other needs that a regular system to get help for these people is justified. The police in the districts need to know about various services to turn to, to help people. However, just telling an older person that such-and-such an agency or place can help them is more likely than not to be a dead-end approach. Someone who calls the police because he feels severe pains

in his chest often does not have the financial resources to call a doctor or visit a clinic. A person who comes to the police because he has been robbed of a recently cashed social security check of $70 on the third of the month does not have the 40 cents to take a bus to the Public Assistance Division to request emergency aid. The police are neither an ambulance nor a taxi service, and they should not be used as one. The job of trying to keep people from being robbed and assaulted, or of guarding school crosswalks and directing traffic—this is the job of the police officer. Helping people get their electricity turned on after not paying their bill because they had been robbed, or of increasing the incredibly small incomes of so many senior citizens, or of putting a slightly disoriented but still functioning eighty-year-old in touch with a telephone friendly visiting service—this is the job of social workers and their aides.

Project Assist has thus documented in what ways the aged are victimized by crimes, what social problems the aged are most likely to bring to the attention of the police, and has helped several hundred people who have had contact with the police in the Third District. The field experience of Project Assist suggests the need for a continued commitment of the Police Department to help senior citizens who come to them for assistance, but in a way which keeps the department's functions intact and encourages existing agencies to work on the problems which are brought to the police but are the job of the social agencies. A detailed final report on Project Assist will be forthcoming at the end of the summer, 1971, and will be available through Mrs. Roberta Brown, Office of Services to the Aged, Department of Human Resources, D.C. Government, 122 C St., NW., Washington, D.C.

The CHAIRMAN. Thank you very much, Inspector O'Neill. I think that obviously there are many ways that the police can help the elderly as well as function as a kind of informational conduit for agencies that are concerned with various services for the elderly.

I think in the interest of time we might be well advised to hear the other members of the panel and hold our questions so that the Senators can then address their questions to any member of the panel.

So with that in mind let us hear from Mr. Schuler.

## STATEMENT OF PAUL SCHULER, FOSTER GRANDPARENT PROGRAM

Mr. SCHULER. Mr. Chairman, and members of the committee, we are particularly glad today to be here on the first day of your sitting as Chairman, and we look forward to a great deal of excellent support from you and the committee. It is a real pleasure to be able to sit here and talk to you about some of our problems.

I want, too, to mention that we of our group have a very deep confidence and respect in Senator Harrison Williams who did chair the committee, and I want to say how grateful we are for the work he did.

My name is Paul Schuler. I am a member of the Foster Grandparent program. If my frock looks unusual, this is one that is worn by me and a group of ladies. I am the only man so I wear the same kind of frock, and it makes me feel rather good because I am now along with the women's lib.

However, let me run on quickly. My affiliation is with the labor movement where I am chairman of the Labor Council for the Retirees Action Corps. I am on the D.C. Mayor's Advisory Committee for the Aging. That is just to give you an idea that I have been around a bit in this field and am hoping that I can be around still more to see what we can do in the field—which is terribly disregarded by the people in our country.

There is a lot of talk, but no money behind the talk. They say, "Let's put our money where our mouth is," but we have not done it. This is the problem now.

The director of this project is Mrs. Arleen Neal. The project itself was actually worked out by Mrs. Brown, who is sitting at the end of the table. Is Roma Kaplan here this morning? Roma Kaplan heads up the project at Laurel; but Mrs. Arleen Neal, who is a member of the Greater Washington Labor Council and director of the Human Resources Institute, is the actual director.

I am here today, I think, probably because of Mrs. Brown's insistence on the basis of the fact that I have worked as a volunteer with the ladies who have been going to Laurel every week. It has been one of the most fulfilling and satisfying experiences I have ever had. As we go along a bit further I am going to introduce the ladies and ask them to stand and then later on you may want to question them about what they are doing.

Once a week, on Tuesday, we leave about 10 o'clock or a little before. We go to Laurel, and we don't come back until 4:30 in the afternoon—at which time the ladies get their payment of $2 an hour, 5 hours, and this is it. Now they are donating more than 5 hours: they are happy to donate it. They are people who really feel that they are performing a service, and I feel they are.

Now, after introducing them, I am going to talk to you a little bit about a couple of cases up there, and what I think is really being done. Then, if you will bear with me just a minute after that, I want to talk to you about another project with which I am associated—known as the Senior Training Aides project. Mrs. Brown made reference to it and Brother Jones did, too.

I think now what I would like to do is to introduce the members of the group and have them stand, if I may. May I turn around?

The CHAIRMAN. Surely, Mr. Schuler.

Mr. SCHULER. Mrs. Sarah Butler, member of the Greater Washington Central Labor Council.

Mrs. Pauline Booth.

Mrs. Luella Dixon.

Mrs. Maureen Gibson.

Mrs. Mattie Singletree.

Mrs. Manetta J. Wheeler.

Mrs. Geraldine Willis.

Mrs. Ruth Winstock.

Mrs. Yates. I believe Mrs. Yates is not with us today.

Now, if all of you ladies will stand up together for just a moment and look around at the people behind you.

The CHAIRMAN. Give them a hand. [Applause.]

Mr. SCHULER. We talk about the Red Cross nurses being the wonderful saviors of people, and they are, but I tell you that these ladies are doing an equally great job. Let me tell you what it is.

### ASSIGNMENT OF FOSTER GRANDPARENTS

Each of the foster grandparents is assigned to a child. This has been done after a psychiatrist meets with the child and the foster grandparent, and gets some idea of the relationship which is developed.

Sometimes the first child is not assigned, maybe it is the second or third child, but a choice is made by a psychiatrist, at Laurel, of the children in the school there.

After that the grandparent then comes up every week 1 day for 4 hours—the other hour is traveling—at which time they work with the child at various things. Now, of course, what really is needed most of all is a bit of affection. These kids are just thrown in together. Maybe they came out of families who didn't have affection in the first place. They are tossed into a situation where nobody pays much attention to them. I have actually seen affection shown to several of the foster grandmothers, who are here today, who worked in the same Maple Cottage that I worked in. Those kids see them coming and some of them are 11, some are 10 years old, but they see the ladies coming up the sidewalk and they run clear down yelling, "Hey, Mama, Mama." They found something they didn't have before.

Now, this is not only a sort of an emotional thing that happens; this makes the kid feel happy and makes the grandparent feel happy. What this is, is a real tangible effort; and you can see the results of bringing that child far enough back away from his mental and physical disabilities, so that he can become a producing member of the society. Now, they may not become doctors, or lawyers, or even trade union leaders; but what they will become are useful people to themselves and to society. That is what these ladies, here, have been doing—and are doing now every week.

### 1971 Fiscal Year Funding

One of the sad things about this circumstance is that the amount of money that is available is extremely small. Mrs. Brown, I think it is less than $10,000, isn't it, for a whole year? It was funded for less than $10,000 for fiscal year 1971, and we hope it will be funded again for 1972. Now this is in title III of the Older Americans Act. This is an experimental thing that will have to be picked up by someone else later on.

The significance of this whole thing is that here are 10 mothers that are going up there doing a job. There are hundreds of children up there that need the same kind of work. There are many, many more mothers from the inner city in Washington who are willing to go up and can't afford to go—and we do not have the money for them. It seems almost as if we have been a bit lacking in sympathy to other human beings who are not as fortunate as we are. I think this is one of the problems we have to think about now.

I don't know if there is much more I can say. They get $2 an hour, they get lunch when they get up there and they serve, which is very little for them. I have talked to three or four of the psychiatrists there, and they told me that their service there had an appreciable effect upon those kids.

### Foster Grandparent's Special Techniques

Now, one of the things that I think you would be particularly interested in is that when the surveys are made—or the checks of the children—they found that special techniques that interest the foster grandparent suddenly would become apparent with what a child does, for

instance. One child was fairly adept with putting puzzles together, much more adept than any of us were, and he noticed that the foster grandparent was very much taken in by this whole thing. She was looking over his shoulder and saying, "Look at that."

That kid became so interested in that, that the psychiatrists themselves began recognizing that "something" touch there; and, also, something that was recognized, that had not been seen before, was a certain facility with his hands, and his eyes, to match the little notches, and the colors, and so forth and so on. That kid could never have had anybody know about this, and could never have had the possible opportunity that there is to help him to utilize this facility in later life. Now this means a lot, and to these ladies who are bringing it out, I think it is terrific.

Now, I don't want to say any more about it, because I think you may want to ask the ladies about it and I would want you to.

## Senior Training Aides Program

Now permit me just 2 minutes, and I will talk to you about a project called Senior Training Aides—which is funded through the OEO, through the Labor Department, through the National Council of Senior Citizens. It is the same Senior Aides program all over the country. This particular group is sponsored by the Greater Washington Central Labor Council, Senior Training Aides.

There is a difference in this particular part of the program which is the training aspect. It is the training aides' responsibility and functions to go to the outreach committees of the clubs, the churches, all groups that are interested in working in the innercity, and giving them the techniques whereby they can find the people that are withdrawn—because of physical or psychological reasons—and can actually do the sort of thing that FIND is doing. The only difference between this and FIND is that we are getting a multiplier effect, because for every person that leads a class seminar you are going to find that there are 15 or 20 people in that seminar—so you have 15 or 20 people that are using a technique that was learned from one. This is very important.

I first picked this up when I was with the Aide program in Greece and Pakistan, where everybody was talking about the multiplier effect. Now this is a multiplier effect. It is a multiplier effect that over a period of years can mean 150 to 1, because there are many classes being held. So this is very significant. What do they tell the people at these groups? In addition to finding those people who are in need of assistance, they take them through this whole referral business—this very confusing referral business—not only in Washington, D.C., but in every city.

How do you get food stamps? Where do you go? What do you say? Somebody is burned out, some elderly person.

Now, Mrs. Brown works with the Health and Welfare Department—let's not call them that any more. We have had people from every public assistance family with dependent children. We had someone in to talk to our people, so our people could go out and talk to them.

FUNDING FOR SENIOR TRAINING A[illegible]S

Now the funding for this thing runs about—I don't know—something like $14,000 for the whole year. There are two of us who are volunteers. Mrs. Jacobs, who is a retired coach in college in Baltimore, is working as a volunteer because she is earning more and fits in the OEO pattern. I am a volunteer. The others are working on the project.

Now, if you have a minute, I would like to ask a lady who has done some extraordinary work to just come up here and tell us about one case, that she had in far Northeast, where she helped get a family out of a real tough fix.

Ann Williams, could you come up, please.

Now this is very important, because it is only one of thousands of cases. Mrs. Williams is from the far Northeast. We have many others like her.

## STATEMENT OF ANN WILLIAMS

Mrs. WILLIAMS. Mr. Chairman, and other members of the committee, it is a pleasure to be here today. Mr. Schuler has already told you about our project. I have been with them since 1967, I believe, and I worked all over town in order to help, wherever it is needed, with the single citizens group. I especially work with the Northeast section because it is a part of my community; and a lot of people know me—that will contact me—who would not know who else to contact.

I have one case which I consider a very, very serious one; and, that was, I found a sister and a brother living in a home in far Northeast. They only had $70 a month to live on. That was to pay all their expenses and food. They owned the home, but when the inspectors came around they had to borrow money to fix the house up in order to keep it, and the payment for them had to come out of the $70.

In order that they would have something to live on, I recommended and referred them to the food stamps, welfare and family care, and they did receive help through them—but they didn't have anyone there to take care of them. They were both unable to take care of themselves. So they finally put him in the District of Columbia Village home, and she is in a nursing home, and that is the report I have on them.

There are several others which are very, very bad. The elderly people, a lot of them are shut in and don't know where to turn. They don't even know where to call. There are so many of them where there is no telephone; so we have to search, and refer them.

Thank you.

Mr. SCHULER. Actually Mrs. Williams is doing two things. One was the training job for the people in her seminars. They followed up on this with her, and one or two of the ladies out there now are able to do similar work because she took them with her when she did it. She is an excellent teacher and we have many more like her.

Thank you very much.

Mrs. WILLIAMS. Thank you.

The CHAIRMAN. Thank you very, very much, Mr. Schuler.

Have you anything further you want to say?

Mr. SCHULER. No; unless you have questions.

The CHAIRMAN. I would like to ask Mrs. Phillips if she would make the summary statement and then I am sure there may be questions from the committee.

Senator Stevenson has arrived and, of course, Senator Williams, who was former chairman of the committee, is here now. I want to welcome them to the hearing.

Mrs. Phillips, please.

## STATEMENT OF MAE B. PHILLIPS, PRESIDENT, SENIOR CITIZENS CLEARING HOUSE COMMITTEE, WASHINGTON, D.C.

Mrs. PHILLIPS. Senator Church and members of the committee, you will have to forgive me, I am getting up in age and I have a tendency to forget, and I have to stop a minute to get my thoughts collected. If I do that, please excuse me.

The CHAIRMAN. Surely.

Mrs. PHILLIPS. The clearing house committee was left off of the program—why, I don't know, because we are very important; as I hope you will see when I have finished.

I am president of the Senior Citizens Clearing House Committee, which was organized as a voluntary, nonprofit, nonsectarian organization. We are incorporated in the District of Columbia. We don't ring doorbells but we become involved whenever a matter is brought to our attention, affecting the health and welfare of senior citizens. Our administrative support is provided by the Office of Services to the Aged, headed by Mrs. Brown, and the Barney Neighborhood House—where we are headquartered, and have access to secretarial and telephone service. I spend an average of 8 to 10 hours per week, sometimes more, in my capacity as president, and pay my own transportation expenses.

During our first 16 months of operation we were provided with a counselor; first, Father Francis from Catholic University, and then Mrs. San Juan Barnes. Both gave valuable service and were paid by Mrs. Brown's office.

We continue to operate and promote programs for the aged and since organizing we have:

1. Presented the Mayor and City Council with this Document of Needs—and I would like to submit it for the record [2]—at a hearing held by the City Council on October 16, 1968.

### SENIOR CITIZENS CENTER

2. Sought and won a grant for the Senior Citizens Center at 25 K Street, NE. The money was provided though a model cities grant to the Family Child Care Agency headed by Mr. Theban. Its success proves the extent of its need. We hope to promote more of these centers throughout the city and we invite you to visit the center, if you have not done so.

[2] See app. 2, p. 101.

### Housing

3. Established a housing committee and representation on the Housing Advisory Commission under the auspices of the mayor and Mr. James Banks in the Office of Housing. We can now approve or disapprove future site selections for senior citizens housing projects.

### Transportation

4. Established a transportation committee and, with the help of Mrs. Brown's students, conducted a survey of the transportation needs of senior citizens. The results of this survey were made known to D.C. Transit Co., and we claim some credit for the decision of the city, through Mayor Washington's office, to provide transportation to residents of the newly opened housing project at Fort Lincoln.

### Employment and Health

5. Established an employment committee, and contact prospective employers, and recommended jobs for senior citizens.

6. Established a health committee and joined with other local groups to promote health services for the aged. Some of our current project are Garfield Terrace, foster and nursing homes. The health committee supported Congressman Pryor's hearings on nursing homes before the city council; and recommended to Dr. Robinson, chief of health and welfare, that homes providing custodial care be inspected, and that their owners be screened and trained.

7. We led a fight against the closing and refunding of D.C. General Hospital and were successful in getting their accreditation extended for 1 year. We still receive complaints from patients regarding facilities and services at D.C. General, and are continuing our concern over this matter.

Our handicapped committee provides trips and recreation for those who can't manage on their own.

We desperately need support from the legal research and services for the elderly—in OEO—for guidance and protection, and plan to make this a priority matter.

On Monday, May 3, 1971, from 1:30 to 3:30, the Clearing House Committee will hold its Seventh Annual Senior Citizens Day Observance and Awards program at the Department of Commerce auditorium, Constitution Avenue between 13th and 14th Streets. Senior citizens who have made outstanding contributions will receive citations fron Mayor Washington. Nominations for these awards are made by their local clubs and organizations.

We invite you to attend.

At this point I would like to say that the need of funds for this organization is very important because we are reaching down to the people that otherwise would be overlooked. I hope you will act very favorably in your reply to Mrs. Brown's request.

Thank you.

The CHAIRMAN. Thank you very much, Mrs. Phillips, the document you referred to will appear as an appendix in the record.

I think that completes the presentation of the panel, Mrs. Brown. I invite questions of the committee.

Senator Stevenson, do you have any questions you would like to ask?

Senator STEVENSON. Thank you, Mr. Chairman.

I would like to say a few words about the Foster Grandparent program. I think all the programs we have heard about, this morning, are most worthwhile. I am particularly familiar with the Foster Grandparent program. I have never seen a program in action, in the field, that does so much for so many people—with so little. The foster grandparents gain from it, they have an opportunity to use the skills of parenthood acquired in their lifetimes. They have a chance through this program to be a part of your natural life, giving affection and training to children who need both. The children gain. The real parents of those children also gain.

There is something very wrong with the values of an administration which would commit the Government of the United States to the expenditure of hundreds of millions or perhaps billions of dollars, for supersonic airplanes and slash $3 million from the pittance requested for the Foster Grandparent program. I hope that we can take some of that money the Senate saved yesterday and use it to support programs that we have heard about today, including the Foster Grandparent program.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Stevenson. I echo those sentiments. We talk about humanizing institutions and the need to humanize institutions. I think this is one program, the Foster Grandparent program, that is pointed in that direction. You are reaching into institutions or hospitals and homes for children that have no parents and touching them with a little human affection. How little of that we do in this country to start with, and now to do less of it it is hard to believe.

Senator Beall.

Senator BEALL. Thank you, Mr. Chairman.

Inspector O'Neill, I listened to your comments and I know that previous testimony from different sections of Maryland has indicated the concern of elderly citizens about crime. To what extent is the mobility of elderly citizens in the District affected because of fear of crime? Is this a serious problem as you see it?

### ELDERLY MORE AFFECTED BY CRIME

Mr. O'NEILL. Well, Senator, all crime is a serious problem as far as inspectors are concerned, but I might answer in this manner: That those victims amount to a small percentage but they are more affected by crime, Senator, than younger people. They are at a time that emotionally and otherwise they are more affected, also financially. So whatever percentage, it does affect them more than anybody else.

Senator BEALL. But they are staying home because of the fear of crime, is that correct?

Mr. O'NEILL. I would say that some of them are. Those that have more confidence in our protection, or have better knowledge of our programs of what we are trying to do, I think they do get around.

Senator BEALL. I would like to congratulate the inspector, Mr. Chairman, because I think our police, sometimes, are overly criticized for not having compassion for the problems of the disadvantaged. I think the fact that he is here, and the fact that he has shown this interest and concern for the problems of our senior citizens, shows that the police are concerned about these social problems; and they are doing something about them, and are doing a good job here in the District in this regard.

## FUNDING UNDER REVENUE-SHARING PROPOSALS

Also, I am concerned with the reductions in the Older Americans Act and particularly in title III, which provides the grants for the States for community projects. However, I noticed, under the revenue-sharing proposals, that a lot more money would be available for various communities to spend as they see fit.

Let me ask you a question. Do you think, if more money was available to the District of Columbia in the form of revenue sharing, that the senior citizens or the senior citizens projects would get their fair share—if the decision was made at the District government level?

Mrs. BROWN. I can only speak from what, I believe, statisticians would concede was a reasonable base for projection on past experience; and, that is, that whenever the pie is being sliced up the senior citizens get, if anything, a very small sliver or crumb. This is bound to be affected, of course, by variances from community to community; but, in a community where there is no political impact effected by votes, the senior citizen is more powerless than he would be elsewhere—where he can have an impact on the local government.

I think that Mayor Washington and the City Council have repeatedly given commitments to their wish—to be able to respond generously to the needs of older people—but our budgets have not reflected this. Requests have been made by the recreation department and by the social services administration for specific positions, which have repeatedly been cut out by the budget officer or, if they were restored by the council, then they were cut out when they got on the Hill.

So I feel that, not only from a mathematical point of view, would the chances for revenue sharing be rather dim for the programs in which we are interested; but, also, it seems to me that just plain equity would dictate that a man—perhaps who spent most of his life in Maryland and had, for some reason or other, to go live with a child in Idaho—ought to be able to expect that the same kinds of services would be available to him throughout the country—whether he resides in Maryland or whether he resides in Idaho. I think some of these are basic services that are necessary to the welfare of a group of people who can be characterized as excessively depressed, excessively low income, excessively in need of health care—which they might have difficulty in getting—and excessively victims of the changes in our social relationships, where they cannot rely on families and neighbors—as they traditionally have over centuries of the past.

These services have to be available to everybody in the United States. My feeling is, that there should be Federal standards, there should be Federal financial mechanisms to make these possible.

Senator BEALL. I, of course, think that there is no group of people to whom we have a greater debt than the senior citizens, and no one

to whom we have a greater obligation. We should make the programs as effective as possible. Would you not agree that to make a program more effective, that it is essential that local people be involved and participate. Of course, Federal standards would be necessary, but active involvement of citizens and local officials is a must to make the program work. Would you not agree that that is necessary?

Mrs. BROWN. I certainly think that no programs are going to be effective unless there are commitments from the people who have to carry them out and support them. I am not sanguine about the share for the elderly that would exist, if we rely on the revenue-sharing device. As a matter of fact, from what I read in the paper, I understand that in some places the amount of funds available would be less than is presently the case under existing Federal programs—so that there would be a smaller amount to share to begin with.

Senator BEALL. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Williams was here a moment ago and I notice that he is not with us now. He had a particular question and in case he does not get back perhaps I should ask it for him for the record.

### MOTIVATION FOR PARTICIPATION IN FOSTER GRANDPARENT PROGRAM

This was a question he wanted to be directed to you, Mr. Schuler, and it is as follows. What is the motivation for the participants in the Foster Grandparent program? Is it primarily the income supplement function or is it something else, such as the desire to render valuable service?

Mr. SCHULER. It is definitely not the income because the amount of money that they get, $10 a week, although it may seem significant in purchasing power, is not significant when you consider people getting up early in the morning and taking a bus on many days; and some of the ladies could tell you about it, when we went up and it was snowing and blowing, and we walked a quarter of a mile from the administrative building to get to the cottages. I must say, I may be younger than some of the ladies are, but they outwalked me, and they put in more than they would put in for $10 anywhere.

The other things is this. You can tell when you sit around a table having a quick lunch, they begin talking about what happened to their child early this day, or the week before, or whatever it was, discussing the problems—you can tell that the mothers have got something through giving to the child as a foster grandmother that they never could have had otherwise. Most of them have had their own families. I don't know who has the oldest family or the biggest family.

Who has the biggest family quickly stand up. Who has the biggest family, greatest number of grandchildren and children?

There we are. [Applause.]

The CHAIRMAN. We have two competitors.

Mr. SCHULER. Really they have taken care of children, they need that thing to go on with further. Even their grandkids are getting big now. It is something that you can see, you can feel, you can hear it in discussions. This is one of the most inspiring things I have ever had in my life, and I am tickled to death being one man among 10 women, because I get the feeling of what they are thinking and seeing.

I don't think a man gets as much as a woman does. It makes them feel new; it makes them feel different; it makes them feel of value and gives them a spiritual uplift of doing something for another—there is no doubt about it.

The CHAIRMAN. Thank you.

Senator Hartke.

### ELDERLY IN HIGH CRIME AREAS

Senator HARTKE. Inspector O'Neill, in regard to the Police Department are you finding an increasingly heavier concentration of elderly people in the high crime areas?

Mr. O'NEILL. Well, sir, my area was considered a high crime area. still is. We have, according to the census track, a large number of people. I don't have this but I am sure this is true.

Senator HARTKE. How do they live generally? In other words, you talk about the fact that they are victimized by crime. Aren't they victimized almost every day by almost sheer poverty?

Mr. O'NEILL. I would say that, yes.

Senator HARTKE. In other words, they live empty lives and all they have is empty promises and nothing to look forward to?

Mr. O'NEILL. Yes. What I was trying to emphasize was the fact that an elderly person being victimized by a crime, it has more emphasis, it has more remaining effects on the person.

Senator HARTKE. Psychologically it does a great deal. For example, if they are robbed, say someone has stolen their television set or their money, what little money they have, if they steal that from them or take it from them, it does two things; not only does it take their physical property away from them but they cannot get it back, they have no one to turn to. All they have is a great deal of—well, business as usual; apathy by the community. No one seems to care how bad off they are and they are left to their miseries with themselves.

Mr. O'NEILL. Yes; that is a good statement. I would say that this is where the follow-up investigation of a social worker is so important; where they can go to them, rather than they have to go to someone else.

Senator HARTKE. What you are saying to us quite honestly is we are not doing quite nearly enough in this field.

Mr. O'NEILL. That is right.

Senator HARTKE. We have to do a whole lot more. If we are not going to do much more, we might as well call it a bad job and say we failed.

Mr. O'NEILL. We cannot quit.

Senator HARTKE. I know we don't want to quit, either.

Mr. O'NEILL. We don't want to quit.

Senator HARTKE. That is all.

Mrs. BROWN. Senator Church, there will be a report [3] that will provide some statistical information, as well as some summary findings, at the conclusion of this research and demonstration program which I would be very happy to make available for you now, or at a later date, for incorporation in the record.

The CHAIRMAN. Good. We would appreciate having that, Mrs. Brown.

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[3] As of press time the information requested had not been received.

We want to thank the members of the panel for your fine contribution you made this morning. You have been very helpful to us. Thank you for coming.

Mr. SCHULER. Thank you.

Mrs. BROWN. Very good to see that Senator Pell from my home State has arrived.

The CHAIRMAN. Yes; Senator Pell has arrived. He is a new member of the committee.

Senator PELL. As a new member I regret very much not having been here before, but it is nice seeing you.

The CHAIRMAN. Next we will hear from the spokesman of the National Council of Senior Citizens, Mr. Nelson Cruikshank, president, and Mr. William Hutton, executive director. We are very pleased to welcome you.

I might say because it is now a quarter of 12 and we are considerably behind on our schedule that we will try to divide up the remainder of the time. The committee will sit until 1 o'clock, through the noon hour. I would suggest we try to divide up the hour and a quarter that remains equally between the three sets of witnesses we will hear from.

So if you gentlemen can kindly key your own presentation to that, I would appreciate it. It comes out to about 20 minutes apiece.

## STATEMENT OF NELSON H. CRUIKSHANK, PRESIDENT, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. CRUIKSHANK. Mr. Chairman, distinguished members of the two committees that are joining in this inquiry, my name is Nelson H. Cruikshank and I am appearing here as President of the National Council of Senior Citizens. I am accompanied by my colleague, Mr. William R. Hutton, Executive Director of the National Council of Senior Citizens.

Following your suggestion, Mr. Chairman, I should like, if I may, to offer my complete statement for the record and summarize it as best I can in a few moments and try to hit the highlights.

The CHAIRMAN. Thank you.

(The prepared statement follows):

### PREPARED STATEMENT OF NELSON H. CRUIKSHANK

My name is Nelson H. Cruikshank and I am appearing here as President of the National Council of Senior Citizens. On behalf of all of our nearly three million members, I sincerely thank this committee for providing us with an opportunity to express our concerns about this Administration's efforts for the elderly.

The National Council of Senior Citizens is a non-profit, non-partisan organization of affiliated senior citizens' clubs throughout the entire nation. We are non-partisan, but we are not non-political. We are an issue-oriented organization with the backing of forward-looking members of both major parties. I think we can safely claim to have invented "Senior Power," although we have not yet demonstrated its full potential.

The National Council as a non-partisan organization is seriously concerned that the forthcoming White House Conference on Aging is being used as a political forum for the partisan advantage of the N on Administration. We are also gravely concerned about the evident attempts of the Administration to downgrade the Older Americans Act and other programs for the elderly on the unfounded assumption that our 20 million people over 65 are already receiving adequate attention through the so-called "strategy" this Administration has devised for dealing with the problems of older people.

With your permission, I should like to spell out more fully the evidences of the Administration's partisan use of its strategy. The Administration strategy is all to obvious in relation to the White House Conference. The strategy is important too in relation to your assessment of the effectiveness of the Older Americans Act and of all other efforts the Congress has made to improve life for the elderly.

ADMINISTRATION'S PERSPECTIVE FOR ASSESSING THE EFFECTIVENESS OF ITS EFFORTS FOR THE AGED

Commissioner Martin has repeatedly stressed the importance of viewing the Older Americans Act in the context of all federal efforts which attempt to meet the needs of older persons. I am in wholehearted agreement with the principle he expresses. But I disagree strongly with the way in which this Administration has applied the principle of political and partisan purposes.

Take, for example, two key sentences from the Commissioner's Statement of March 10, 1971, before the Select Committee on Education of the House Committee on Education and Labor. The Commissioner said:

"The basic strategy of this Administration with regard to meeting the needs of older persons is to provide them with increased purchasing power so that they can obtain needed goods and services with the greatest exercise of freedom. *The Administration was pursuing this strategy* when the President signed into law a 15% increase in Old Age and Survivors Insurance benefits effective January 1, 1970, and continues *to pursue it* by supporting another OASDI increase in the FY 1972 budget, retroactive to January 1971." (Emphasis added).

Just how vigorously has this Administration pursued its income strategy for the elderly?

The 15 percent increase for which credit is claimed was bitterly opposed by the President. He had originally proposed a seven percent increase to become effective in the Spring of 1970, an increase that would have been totally wiped out by rapidly rising prices long before the higher benefit check reached the beneficiary. When the House Ways and Means Committee recommended a 15 percent increase, the President countered with an offer to support a 10 percent Social Security increase. But he threatened to *veto* any increase greater than 10 percent.

As you know, the Congress then attached the proposal for a 15 percent increase to tax reform legislation sought by the Administration. The President withdrew his objection to the increase rather than veto the tax reform measure he desired.

And the Administration has continued to pursue its income strategy in the same half-hearted manner. Early last year, a five percent increase in Social Security benefits was passed by the House. Spokesmen for the Administration warned the Senate Finance Committee that any larger increase would be unacceptable—would "rock the boat," said the Secretary of the Department of Health, Education and Welfare. By the time the Senate acted on legislation, the persistence of the rapid increase in price rises was clear and the Senate voted for a 10 percent increase. Although time did not permit a resolution of differences between the House and Senate bills before the end of the 91st Congress, our senior citizens were assured by the Chairman and the ranking minority Member of the House Ways and Means Committee that a Social Security increase of 10 percent would be the first priority of business in the 92nd Congress. This promise has now been fulfilled with overwhelming support from the Congress and despite the Administration's attempt to cut the increase back to six percent.

But again, the Congress has had to resort to the device of tying the Social Security increase to other legislation needed by the Administration, this time the bill to raise the debt ceiling. Does this mean that Social Security increases, if they are to be acceptable to this Administration, can not be assessed on their own merits but must be tied to other legislation? If so, the Older Americans Act must be viewed not only in the context of the Administration's income strategy for the aged but in relation to any other legislation the Administration may need from Congress.

In the Statement of Commission Martin referred to above, the Commissioner cited the President's budget proposals for FY 1972. For obvious reasons he did not cite that portion of the President's budget message in which he proposed a "saving" of several hundred million dollars by reducing drastically the hospital benefit under Medicare. With all its shortcomings, Medicare is still, next to the basic Social Security system itself, the program that most

benefits the elderly. It now assures 60 days' full hospital insurance subject only to an initial out-of-pocket payment of $60. But the President's proposal would reduce this period of protection from 60 to 12 days, after which the beneficiaries would have to pay out-of-pocket from $5 to $15 a day for hospitalization, plus a larger proportion of doctor bills, the amount going up as living costs rise. The proposal to offset this reduction in coverage by eliminating the premium for optional Medicare Part B (doctor) insurance displays a complete lack of understanding both of the needs of older people and the nature and purpose of Medicare.

Without belaboring the point, I would like to mention one other example of this Administration's distorted perspective when assessing the effectiveness of its efforts to meet the income needs of Older Americans. This is what is called the "either/or" psychology by representatives of older peoples organizations and the professionals in the field of aging.

Soon after taking office, the Administration made it clear that it was giving serious consideration to the realignment of priorities—that more emphasis would be put on federal spending for the young and less on the elderly.

The inference that the aged had been diverting federal dollars from youngsters was particularly distressing to members of the National Council of Senior Citizens. Our members take pride in their responsibilities as grandparents and would do without rather than to deprive the younger generations. But quite aside from the implications of competition between the old and the young, the figures used by the Administration in support of realigning the priorities gave a totally false picture of federal effort. Of the federal expenditures, 85% came from trust funds to which the elderly themselves and their employers had contributed heavily during their working years in order that they would not be dependent after earnings stopped. And particularly galling is the fact that the Administration's method of adding up federal dollars spent on the aged gives credit to federal effort for the $5.30 monthly premium that the Medicare enrollee pays voluntarily out of his limited retirement income for Part B coverage!

The biased perspective with which this Administration views its efforts on behalf of the elderly is clear too from its arguments in opposition to the enactment, last year, of S. 3604, the Older American Community Service Employment Act. The National Council is a wholehearted supporter of this legislation because our experience with the Senior Aides program has documented the need for noncompetitive job opportunities for the elderly with low incomes.

The Administration, in a letter of July 7, 1970, from the Secretary of Labor, detailed the following efforts that—in combination with the White House Conference on Aging—made enactment of S.3604 unnecessary:

1. Permanent status for the Foster Grandparent program and authorization for the new RSVP program. Members of this committee are well acquainted with the failure of the Administration to press for the funding needed to translate the authorization for the volunteer program into reality.

2. Proposed improvements in welfare payments and Social Security benefits. The National Council's experience with its Senior Aides program has made all too clear that welfare is not a responsive answer to the problem. Neither is a small increase in Social Security benefits, especially if the increase merely catches up with rising costs. In this connection, the Secretary's letter says that "the Administration will have increased the incomes of beneficiaries by 20 percent" on the assumption that the Congress would do no more than the five percent increase urged by the President.

3. The proposed Manpower Training Act—subsequently vetoed by the President.

We are therefore not impressed by the Administration's claims that its various on-going efforts have reduced the need for a nationwide program of community service for the elderly. Nor are we impressed by the Secretary's hope that the forthcoming White House Conference on Aging will provide the answer merely by fostering "a commitment to increase the participation of older persons in American life."

THE WHITE HOUSE CONFERENCE

In fact, we are gravely concerned that the distorted perspective with which the Administration views its efforts on behalf of older people will result in a White House Conference that is not only meaningless but actually sets back this nation's efforts on behalf of its older population. There is danger that, no matter how well-intentioned, delegates will be lulled by the false claims as to how much the Administration is already doing for old people.

Let me briefly sketch some of our fears about the way in which this Administration is using the White House Conference for partisan political purposes.

I recognize full well that the Conference is being planned and held under a Republican Administration. But so was the 1961 White House Conference on Aging, and as one deeply involved in the first White House Conference, I cannot help but note the very important differences—differences that can well mean the difference between success and failure of this second White House Conference on Aging.

We have evidence of a pronounced partisan bias in the selection of the technical committees, with the result that these committees have ratios of up to five Republicans as against one Democrat. We would have no complaint if members were chosen on the basis of their expertise and it just turned out that there were five times as many expert and informed Republicans as Democrats. Our objection is that it appears that the first qualification is that the appointee be a Republican. A glance at the membership of the technical committees reveals that few of the appointees possess expertise in the subject to which they are assigned. Most are completely unknown to authorities working in the field of aging and gerontology.

In contrast, the 1961 Conference assembled a planning committee in relation to each subject area for development—not just review—of background papers and for planning of the conduct of the Conference itself. These Planning Committees were composed of consultants, specially chosen for their knowledge, and members of the National Advisory Committee. Thus, the Planning Committees on Income Maintenance and on Impact of Inflation included such nationally recognized authorities as Charles Schottland (who had served as Social Security Commissioner in the Eisenhower Administration), Eveline Burns (authority on Income Maintenance here and abroad), Herman Somers (political scientist and health economist), Wilbur Cohen (long the number-one technical advisor on Social Security and Welfare, later to become Secretary of HEW), and John Corson and John McConnell (co-authors of the pioneering classic on "Economic Needs of Older People).

I appreciate that at the time of the first Conference, there was much greater need to rely on professional expertise in identifying needs and solutions than there now is. But that does not excuse the formation of so-called technical committees for which the main requirement would appear to be acceptability to the White House for political clearance.

The stress placed on political clearance has also resulted in an unfortunate delay in Conference planning and in the release of background materials. States, trying to move ahead on their plans for State Conferences in May, face a great void created by the failure of Washington to provide the directional and technical materials urgently needed by the states. But the Administration responsible for the void refuses to allow the non-partisan action that could fill this void. My reference here is to the unwillingness of officials to permit the task forces that had been convened to move ahead to define issues, simply because the official Conference identification of issues was not yet available. As a result, the task force meetings have had to be rescheduled for mid-May, entirely too late for the in-put to be of use to the states in their conferences.

In view of the composition of these task forces, perhaps it is just as well that their in-put will be too late to be effective. The task forces are intended to provide a voice for national organizations prior to the Conference and as their delegates to the Conference. But each organization, those representing older people as well as those merely peripheral to the field of aging—has only two representatives. Thus the Administration hoped that the voice of the National Council of Senior Citizens—the voice of three million older people—would be no louder than that of the Boy Scouts of America, the Diplomatic and Counselar Offices Inc., or the Sex Information and Education Council. Even worse than this, the American Nursing Home Association—a self-serving organization of profit-making providers—has what amounts to four representatives because its associate, the American College of Nursing Home Administrators, also has two representatives.

The National Council of Senior Citizens does not confine its objection to the fact that organizations of small or relatively small membership are allowed the same number of delegates to the White House Conference as are the larger mass-membership organizations. What may be even more important is that apparently to the Conference planners there is no qualitative difference between an organization set up simply to make money off the needs of the elderly, like

an organization of managers of proprietary nursing homes, and a non-profit organization whose members have joined together for the sole purpose of advancing the welfare of the elderly.

Officials charged with responsibility for planning the Conference may claim that attendance at the Conference by a large number of older delegates counterbalances the underrepresentation of organizations that speak for the elderly.

This might prove at least partly true, but it depends a good bit on the make-up of the state delegations. The original proposals provided that the state delegates be alloted on the same basis as Congressional apportionment—subject to the very significant qualifications that each state have a minimum of 14 and a maximum of 100. This would have meant, for example, one delegate for every 500 older persons in Alaska and one for every 20,000 in New York. The overall result would have been a heavy disproportion from the sparsely populated rural states. The older people faced with the most critical problems confronting the industrial urban areas, would have been grossly under-represented.

This proposal has, however, been challenged by the members of the Planning Board, and it is possible that the distribution of delegate strength will be modified. Even if it is, it is worthy of note that it will not have been done on the initiative of the Administration.

There is a further problem of whether the delegations of older persons selected by the States will be truly representative of our older population. Members of this committee are all too familiar with the Administration's reluctance to ask for funds which would make it possible for the low-income elderly to participate. Thanks to the efforts of the Congress, funds were made available. Our concern about the States' use of these funds can be illustrated by New York's plan for selecting its senior delegates.

New York, which is entitled to 100 delegates to the White House Conference, has announced that half of them will be aged 65 or over. Here is the way the 50 are to be selected. The vast State has been divided into ten different regions, each to get five delegates. One of these ten regions is Greater New York City, the home of more than one million people 65 and older—more than half of the total elderly in New York State. In contrast, some of the upstate regions have only a few thousand over-65 residents—and needless to say, they are more likely to have higher incomes and vote Republican than are the elderly of New York City. These regions too will each get five delegates and have an equal voice with New York City.

### THE FUTURE OF THE OLDER AMERICANS ACT

Next year the Congress faces the question of either extending the Older Americans Act or advocating an alternative method of achieving the objectives of this Act.

We hope the White House Conference on Aging will develop recommendations for use by the Congress in determining the future of this important legislation. But as I have indicated, the National Council of Senior Citizens is not optimistic about the ability of the White House Conference to formulate nonpartisan recommendations based on a realistic assessment of our national needs and our national efforts. We do not see how a Conference used by the White House for partisan political purposes can produce a national policy acceptable to a bi-partisan Congress—or for that matter, acceptable to a bi-partisan nation. The National Council, along with other organizations that truly represent our elderly people, will continue to look to the Congress for viable programs for Older Americans.

I would therefore like to conclude this statement on a constructive note. The National Council of Senior Citizens urges that you, Senator Church and Senator Eagleton, appoint a task force or advisory committee to study such questions as these:

> What kind of organization could best serve as a visible and articulate government spokesman for the elderly, commanding the respect and wholehearted cooperation of all our Federal agencies?
>
> Is there any way short of categorical programs to assure the elderly their fair share of governmental efforts in such areas as employment and training?
>
> Should every community throughout the nation have an ombudsman representative of the elderly charged with responsibility for translating Federal concern to the local level?

These are knotty questions. Their answers require more expertise than can be expected from a national forum composed largely of laymen.

The National Council of Senior Citizens pledges all possible assistance in the Committee's efforts to arrive at sound answers, answers that could best achieve the noble objectives set forth in the Older Americans Act.

Mr. CRUIKSHANK. We are very happy to be here. We are glad you are making this inquiry because it touches on things with which we have become very deeply concerned. I trust there are copies of my statement available to the members of the committee.

Now I would like just to mention some of the things that concern us first about the program or the projects of the Administration with respect to the needs of the aging and why it causes such concern. On the top of page 2* of my statement I cite an excerpt from the statement of Commissioner Martin about the strategy, as he calls it, of this Administration on Aging; and, in the next several pages, I take up a number of instances in which we analyze that strategy and cite the bases of our criticism.

### 15-PERCENT SOCIAL SECURITY INCREASE

One of the things the Commissioner cited is the 15-percent increase in Social Security as a part of the Administration's strategy. I point out that that was accomplished not as a part of Administration strategy but in distinct contravention of that strategy—that the Administration used all of its influence, and the influence of the White House is considerable, to hold down Social Security benefits—threatening even a veto of the measure. The Secretary of HEW talked about anything over a 6-percent increase as "rocking the boat" and being inflationary, although 6 percent barely kept up with the increases in the cost of living as they affected the elderly.

The 6 percent did not keep up even with the cost of living, if you take the costs as they affect the elderly who have very high drug costs, medical costs, and others which are not weighted in the Bureau of Labor Statistics Index—the way they are weighted in the actual experience of the elderly.

And it comes out that the increases in Social Security, in which a number of the members of these committees had a distinct part, have only been able to be achieved and written into the Social Security program by attaching them to other pieces of legislation—which did not make it possible for the President to exercise his veto. The latest one was the 10-percent across-the-board increase which was passed on the 15th of this month; it had to be tied to the debt ceiling bill, a matter of vital fiscal importance to the Government. That made it impossible for the President to carry out his veto threat.

While the Secretary of HEW was talking about a 6-percent increase as being most desirable, in order to get this emergency 10-percent increase—which the Congress had virtually pledged to the elderly when the big Social Security bill at the end of last year got caught in the legislative logjam—it had to be tied to another piece of legislation. We are wondering if this so-called strategy of aid to the senior citizens is one that can only be carried out by this kind of action.

### REALINEMENT OF PRIORITIES

Now turning to page 4,** I talk about the so-called either/or psychology which, to us, is very distressing; the idea that the needs of

*See p. 45, this hearing.
**See p. 46, this hearing.

the elderly must be pitted against the needs of the younger people of this country. We feel that we have had enough divisiveness, that what we need really is to bring the families and the generations of our society together and not say—as has been said in the highest levels of Government—that enough has been done for the elderly, and we now have to do more for the young—as if it were either/or. We believe it must not be either/or, it has to be both/and.

The National Council of Senior Citizens, consistently in representing the needs and positions and attitudes of its members who are parents and grandparents, has said that we do not want to be a special-interest group if, by special interest, it is meant that we are a group pressing our own needs and our own interests in competition with those of the younger generation. What kind of grandparents would we be if we wanted to forward our programs and our welfare at the expense of our children and our grandchildren?

When we fight for Social Security legislation and improvement, we want them across the board for the younger survivors, the widows, the children, the people who are still in school, the dependents of families where the breadwinner has died or is disabled. We press for those across-the-board increases, as well as for that portion of the Social Security Act which provides pensions in old age.

We are particularly distressed about the fact, that in citing the care for the elderly at the cost of the young, that the trust fund expenditures are lumped in with all others. These funds come wholly from the contributions of the worker and his employer—and all of it is considered a part of the wage cost. Therefore, a trust fund to which people have contributed through their working years, to lump this in as a part of the Government expenditure and then say that this has to be cut back, in order that you can do something for the youth, is something particularly distressing to us.

## Structure of the White House Conference

On page 5* I detail some of the positions of the administration with respect to these various programs, the programs whose needs you had dramatically presented to you this morning.

Let me turn now to some of the concerns that we have about the structure of the White House Conference and sketch some of the fears that we have about the way in which the administration appears to us to be using the White House Conference for partisan political purposes.

Now I happen to be a member of the planning board of the Conference and I have attended every meeting. I am going to attend another meeting tomorrow. The very first meeting of this board, which was held last October, I attended, participated and made suggestions.

After some further delay I got the copy of the minutes of this meeting; and I was shocked and amazed that with the minutes of the meeting was a 10- or 12-page mimeographed statement—all about what this administration was doing for the elderly—citing these increases in Social Security, with utter disregard to the legislative facts and the legislative history—a pure piece of propaganda for the administration. I objected to this being included and distributed to all of the members of the board.

*See p. 46, this hearing.

Now, I am aware of the fact that this White House Conference is being conducted under a Republican administration; but I was also a member of the planning board for the White House Conference that was conducted early in 1961, and the planning for which was done in 1959 and 1960. That was also under a Republican administration: but, as a member of the planning board and as a member of the executive committee of that planning board in 1959 and 1960, I cannot recall that there was anything like this kind of political emphasis on the structure—the planning and the program which we see now.

### Structure of Technical Committees

I would cite particularly, as I do in my paper on page 6,* the structure of the technical committees. These were long delayed. We made nominations for memberships on these technical committees. People who had had years of experience as technicians under the civil service of the United States were flatly turned down. These people were turned down not for lack of technical competence but because they did not pass the White House political screening.

Let me cite, as an example, the technical committee on transportation. I have the whole roster here, and I have the roster of all of them. The chairman of the committee on transportation is the president of an automobile insurance company. Now anybody that is driving an automobile and has had trouble with the insurance company can wonder, today, what expertise the president of an automobile insurance company has in the problem of transportation. He knows how to collect premiums and he knows how to invest those premiums to the advantage of the insurance company; but most of them are particularly lacking in knowledge of the needs of the elderly for transportation. If you go down through this whole list of this committee—you will find no one that reflects the consumer's point of view and the problems of transportation—as they affect older people.

Now, our senior citizens' clubs in some 20 cities have negotiated reduced bus and subway fares and so forth. None of those people are on this committee. In the labor movement there is a transport workers union, there are several railroad unions, there are automobile workers, there are unions of bus drivers. Wouldn't any of these people have known at least as much about the problem of transportation as the president of an automobile insurance company? Yet none of these is represented.

### Objection to Allocation of Delegates Among States

If we go down the structure of the delegates we have two objections which we have raised. One is that—in the allocation of delegates among States, and the pattern that was proposed—provided for a great preponderance of delegates from the sparsely settled and rural areas of the country. Now this is under reconsideration. Recommendations will be up before our board tomorrow, and we will see how far we get with the restructuring of that. As an example, the way it is now structured, it would provide one delegate for every 500 older people from Alaska and one for every 20,000 from New York.

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*See p. 47 ,this hearing.

Now we are told that this will be counterbalanced by the delegations from the States—but we find this is questionable in some States. I cite here, in my paper, as an example, New York which is divided into regions so that there are five people to represent 1 million older people from the city of New York. One million people over age 65 live in the city of New York—they have five delegates. Some little rural area in upstate New York, with a few hundred older people, also has five delegates. So we feel that this structuring is out of balance and it is designed to give a preponderance to the rural, and less concentrated areas of problems, than in the cities and in the center cities—where so many of the problems of the elderly are most acute.

### Representation From National Organizations

In the representation from national organizations, our organization, which has nearly 3 million members, has two delegates and little organizations that have a few hundred or a few thousand, at the most, also have two delegates. But in my mind, more serious than that, the organizations that have a proprietary and a profit interest in the elderly—that is like people who run proprietary nursing homes—have the same number of delegates that we have; where there will be maybe, eventually, millions of our people who have to live in these wretched nursing homes. Distribution of delegates is not only a quantitative matter but a qualitative matter. In this White House Conference are those two delegates from profit-seeking nursing home administrators to have the same kind of representation that is afforded millions of potential nursing home residents? I elaborate on this to some extent in my paper and I hope that these important matters will get your full attention.

### The Future of the Older Americans Act

In closing, I talk about the future of the Older Americans Act, and express the hope that the White House Conference will develop something of a program and some new structures for the implementation in the administration of this very important act—in which we had such high hopes in 1965. I have to make that hope with some reservation; unless the White House Conference gets some new direction, unless we can forget the political drive back of its structure and program, unless we can get away from White House political clearance on all the technicians and the expert staff that is supposed to provide the grist for the mill of the White House Conference. If we cannot move in a nonpolitical direction, I have very little hope for it.

### Request for Task Force or Advisory Group

Finally, I suggest, Mr. Chairman, that you and your colleagues from your committee and from the Subcommittee on Aging of the Labor and Public Welfare Committee, meeting jointly with you, could perhaps develop some kind of task force or advisory group which could develop for you some new structuring of positive suggestions for the administration of the Older Americans Act. We don't have an answer at this moment. We are not happy at all about the way in which it administratively has been downgraded—almost since the day

of its enactment. We do want to find the appropriate place in the government structure for making this act meaningful—so that it can carry out the high objectives which the Congress assigned to it when it was enacted.

Mr. Chairman, this is as brief as I can make it, a summary of my paper. I hope the summary has not been longer than the paper! I appreciate the chance to bring it to your attention.

The CHAIRMAN. Thank you very much.

Incidentally, your recommendations to the committee have been taken very much to heart and we are now looking into the possibilities of doing the very thing that you suggest. Obviously we have got to, somehow, elevate the administration of programs for the aging so that they get the attention and the status within the Government that they deserve. They are not getting it now and they won't get it unless we take some action.

Mr. CRUIKSHANK. That is good news, Senator.

The CHAIRMAN. Mr. Hutton.

## STATEMENT OF WILLIAM R. HUTTON, EXECUTIVE DIRECTOR, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. HUTTON. May we continue and then we can have questions?

The CHAIRMAN. Yes, if you will. If you could summarize your statement.

Mr. HUTTON. I submit my statement for the record and will summarize it.

I feel it very necessary, Mr. Chairman, that in all hearings of this kind about the Administration on Aging—and we have them every year, watching its deterioration—I think it is necessary to remind ourselves of what the authors of the original bill felt about it. For example, the late Senator Pat McNamara of Michigan and the late Congressman John Fogarty of Rhode Island, when they led this successful 1965 legislative campaign, conceived of the Older Americans Act as a "charter of freedom for older Americans in a youth-oriented society." That is how they felt.

They saw the Federal agency that was to be established under the act, the Administration on Aging, "not as just another government bureau but as an independent Federal agency, adequately financed and with broad authority to inspire and promote new and meaningful programs for the benefit of the elderly and to coordinate existing programs aimed at providing the elderly with a better life." They said it all, right there.

Now as early as 1967, which was the first hearing on the deterioration of the AoA, the former president of the National Council of Senior Citizens, Mr. John W. Edelman—now president emeritus—testified before another meeting of the Subcommittee on Aging of the Senate Committee on Labor and Public Welfare, and he described that by 1967, of course, AoA had become a minor cog in that vast conglomerate, the Department of HEW.

One year later—in 1968—I came before the same committee and said it had gone further down the drain. At that time, incidentally, we supported an amendment drafted by the former chairman of the Senate Special Committee on Aging which was going to require that the

Commissioner on Aging should report directly to the Secretary of HEW instead of reporting to the Director of the Social Rehabilitation Service which was further down the list.

In our testimony then, we told Senator Harrison Williams that although we were glad to see he recognized the difficulties which AoA was experiencing, we didn't think that any change of location within HEW, within that chain of command, was going to do any good; because, in this city, as you well know, the bureaucracy measures the priority and commitment due any issue in direct proportion to the volume of funds appropriated or otherwise managed by the agency.

### Puny Appropriations for AoA

Now, the annual appropriations for AoA have not amounted to more than $1.50 for all the people over 65 in this country or, if you want to really count older Americans, people over 55, that is 75 cents a person. Now, with such puny appropriations it is obvious that AoA has no clout at all in the bureaucracy and it probably won't have for a very, very long time. The Social Security Administration handles trust funds spending nearly $30 billion a year; that is a thousand times as much.

There are more billions which are spent by the SRS on its various programs such as welfare and Medicaid. There is very little hope for AoA under these circumstances. It is easy to understand, Mr. Chairman, why AoA has never been able to interest the close attention of any one of the Secretaries of HEW since that act was enacted.

The Chairman. What is your solution, Mr. Hutton?

### A Social Security Services Department?

Mr. Hutton. I am not sure. We are not sure. There are vast changes taking place. For example, the Social Security Administration seems to be virtually certain of taking over the older and adult welfare categories. It would seem to be reasonable for the Social Security Administration to bring in the Administration on Aging and it would cover a whole section of older people. The Social Security Administration has always had clout with the Secretary of HEW.

The Chairman. Attach it to the Social Security Administration?

Mr. Hutton. Perhaps a Social Security Services Department. I am not sure what the answer is, but I am sure if you follow the suggestion of having a task force of people who are desperately interested in this matter, people of good will of all parties sitting down together, I am sure we could come up with an answer. The fact is that we know where AoA is right now: subsumed right at the bottom of the totem pole in SRS, it is only one step away from the street.

The next thing is it goes out altogether. It does seem to me that maybe that is what in the minds of some of the people who are planning on cutting this back.

### Title III Funds Should Be Increased

Now, I did want to say one other thing. We believe that the funds available under the title III formula, under that formula grant program, should be increased, not reduced. Frankly, as you heard

this morning, we have only begun to interest the States in programs for the elderly. Just a very small start has been made. The States cannot find sufficient money, themselves, to undertake the wide range of community programs such as information and referral services, senior center programs, special transportation service—in other words, all these areas are where money must be given under the title V grant program.

We must also admit that the efforts to date, limited by shortage of funds, have done little to bring nearer to achievement the wonderful objectives which are in the preamble of the Older Americans Act.

We have felt that moving Foster Grandparent, which is one of the suggestions, over to the new RSVP program will be very, very difficult among other things. Here is a program which is a work-oriented program, they are paid per hour and a lot of older people—4,000 people, mostly older ladies—are just keeping body and soul together doing a job which they love to do—working with children—but, at the same time, it is just keeping their heads above water. That $20 or $30 a week is terribly important to them. It is a work program.

As a matter of fact, Greenleigh Associates, the independent firm which was called in, in 1966, to look at the program, interviewed most of the so-called foster grandparents and said that most of them were looking for a job. Of course they were also wanting to help children. I commented in my statement, Mr. Chairman, that even the current Commissioner on Aging would have a very tough problem to go to those dear older ladies and tell them that they—who are doing this job because they need the money—may have to give up their jobs to make way for other people who don't need the money if they transferred Foster Grandparent to a voluntary program—as they are trying to do. The voluntary program will pay only their lunch money and their money traveling to and from work. This is a very difficult situation.

Congress, in all its votes on the Older Americans Act, has showed and declared itself in a remarkably bipartisan way with unanimous support. It must be just as frustrating to you of the Senate and to the people in the House who believe in this thing, to see the congressional intent being so blatantly ignored. We feel that some effort has to be made or the thing will go right down the drain, and we will be set back years in this program. As a matter of fact, we believe that on the question of aging the administration has developed a new credibility gap. We don't really believe that they really mean what they say.

Thank you, Mr. Chairman.

(The prepared statement follows):

PREPARED STATEMENT OF WILLIAM R. HUTTON

Mr. Chairman: Every time there has been an effort in recent years to determine what was happening to the Administration on Aging, it has become very necessary—at the very beginning—to recall how the authors of the Older Americans Act felt about their bill.

The late Senator Patrick V. McNamara of Michigan and the late Congressman John Fogarty of Rhode Island led the successful 1965 legislative campaign and conceived it as a "charter of freedom for older Americans in a youth-oriented society."

They saw the federal agency that was to be established under the Act—the Administration on Aging—"not as just another government bureau but as an independent federal agency, adequately financed and with broad authority to

inspire and promote new and meaningful programs for the benefit of the elderly and to coordinate existing programs aimed at providing the elderly with a better life."

As early as 1967 the then President of the National Council of Senior Citizens—Mr. John W. Edelman (now President Emeritus) testified before the Subcommittee on Aging of the Senate Committee on Labor and Welfare. He deplored the fact that the Administration on Aging even then had become, in his words, "a minor cog in that va[illegible]onglomerate—the Department of Health, Education, and Welfare."

One year later, in 1968, before the same committee, I testified that AoA had still further deteriorated. At that time we supported an amendment drafted by the former Chairman of the Senate Special Committee on Aging requiring that the Commissioner on Aging of AoA should report directly to the Secretary of Health, Education, and Welfare instead of to the director of the newly-formed HEW Social and Rehabilitation Service.

In our testimony we said we appreciated Senator Williams' recognition of the difficult situation being experienced by AoA—but we said we were not optimistic that any change of location within the HEW chain of command was going to do any good. In this city, the bureaucracy measures the priority and commitment due any issue, in direct proportion to the volume of funds appropriated or otherwise managed by the agency. The annual appropriations for AoA have not amounted to more than one dollar and fifty cents for each American over 65—only 75 cents a year when you properly count our older Americans—those over 55.

With such puny appropriations it is not surprising that AoA has lacked clout in the bureaucracy of government.

The Social Security Administation handles trust funds spending near 30 billion dollars a year—that's a thousand times as much as AoA.

More billions are spent on the aged for welfare and Medicaid through appropriate divisions of the Social and Rehabilitation Service.

What hope then, can we possibly have for achieving the McNamara-Fogarty dream? AoA—since the very beginning—has been unable to excite the close interest of any Secretary of Health, Education, and Welfare—and that's not surprising.

And if AoA has not excited the interest of the Secretary of the department of government in which it is located, how can we even expect it to have any influence over other agencies of government?

If we are really honest with ourselves wouldn't we have to agree that a puny independent commission, low on operating funds, even if operated under the auspices of the White House, might have equally poor response from regular line agencies of government when trying to stimulate them into programs for aging?

The dilemma in which we find ourselves is not one which can be solved by holding an annual Senate Committee hearing to determine the latest stage of deterioration of AoA.

This latest dismemberment, including cutback in funds and reorganization, most probably will amount to the final "coup-de-grace"—unless Congress does something about it.

From the observations made by my colleague Mr. Cruikshank, I'm sure you realize that the National Council of Senior Citizens is concerned that the present Administration seems perfectly prepared to preside over the eventual dissolution of the Administration on Aging.

And unless there are unforeseen reorganizational changes in the current plans for the 1971 White House Conference, you can be sure the November 29–December 2 conclave will not do much to solve the problems of AoA.

For in truth it is not just AoA—but, generally speaking, most of the problems of aging, which are being neglected by the current Administration. And it is not merely a benign neglect.

Both Democratic and Republican Administrations had neglected the growing problems of older Americans before the McNamara-Fogarty bill and the Medicare bill of 1965.

With the passage of the Older Americans Act, and the ringing promise of its wonderful preamble, informed members of the senior citizens movement began to feel rising expectations that America, the public and the Congress, were beginning to care.

In this area, members of the Congress demonstrated a remarkable degree of non-partisanship. The votes for improvement have been unanimous. But the

unanimity of the Congress is being matched by the singular determination of the present Administration to deny programs for the elderly as being incompatible with its theories against categorical aid.

That is why, Mr. Chairman, we suggest that you, Senator Church, and you, Senator Eagleton, jointly appoint a Task Force or Advisory Committee charged with examining all the alternatives and to develop recommendations about the future of AoA.

Though AoA has had an Advisory Council of its own it has rarely met in recent years. Its agendas have not been set up by the staff to encourage any soul-searching by the Advisory Council members on the future of AoA.

And there are some serious decisions to be made—about the proper location of AoA so it will have the most influence on policy; about its work with the states and about its stimulation and operation of federal programs to help older Americans live more meaningful and satisfying lives.

The National Council of Senior Citizens is ready to work with any Task Force you might set up to discuss these problems and come up with recommendations.

We are not at all sure yet where AoA should be located to do the most good—but we are convinced that its current location at the bottom of the totem pole in Social Rehabilitation Services in utterly meaningless. One more step and it will be out in the street.

There are increasing signs that the Social Security Administration is going to take over the administration of the so-called "adult-categories" of welfare. Perhaps a good case can be made for putting AoA in an expanded Social Security Services department. Perhaps the Task Force we suggest might investigate this and other possibilities.

Regarding the work with the states, we believe that the funds available under the Title III formula grant program should be *increased*, not reduced. We have only begun to interest the states in programs for the elderly. The states cannot find sufficient money themselves to undertake the wide range of community programs—such as information and referral services, senior center programs, special transportation services, etc.

Under the Title IV grant program we must also admit that the efforts to date, limited by shortage of funds, have done little to bring nearer to achievement the declared objectives for Older Americans as outlined in the Act's preamble.

Let me make our position clear with regard to one important area—the question of employment programs.

In 1968 when AoA proposed an amendment to the Act to provide "Service Roles in Retirement" we registered our opposition. It is our view that if any standard employment program is created with government funds it should be under the Labor Department, the agency best equipped by motivation and experience to administer employment programs.

We are aware that the Office of Economic Opportunity has operated employment programs with anti-poverty funds—but I'm sure we all agree this agency was set up to be a front line outpost in the war on poverty and that its functioning as an administrator of employment programs is secondary to its mission of developing new tactics in the war on poverty.

On the other hand the U.S. Departments of Labor and of Health, Education and Welfare are permanent government agencies with representatives in the President's cabinet. Each has well defined areas of service. Manpower and employment fall squarely within the jurisdiction of the Labor Department.

Accordingly the National Council of Senior Citizens has long felt uneasy about the Foster Grandparents program administered by the AoA for over four years. I told this committee in 1968 we considered the Foster Grandparents program first and foremost an employment program. It employs some 4,000 elderly people (largely women) to give two hours personal attention five days a week to institutionalized children.

In June 1965 when the then anti-poverty chief Sargent Shriver announced the program in testimony before the Senate Special Committee on Aging he said: "We think this program will give a chance to a substantial number of the aged poor to take them out of poverty, to give them a sense of participation in something that is important and to help solve a serious social problem." An evaluation of the Foster Grandparent program in 1966 by Greenleigh Associates of New York, Chicago and San Francisco said that the large majority of elderly who applied for employment under this program did so to increase their income and to be gainfully employed.

Now, as you may know, they wish to transfer this program to the R.S.V.P. program which is strictly a "volunteer" program as opposed to an employment

program paying regular wages for hours worked—which the Foster Grandparents program now does.

R.S.V.P. hopefully will appeal to those elderly who need subsistence less than they need the therapy of some meaningful activity to keep them busy and feeling needed—knowing they will be helping people in their community. R.S.V.P. will, however, provide lunch money and the cost of transportation to the job for all volunteers.

I can personally see no way in which this Foster Grandparents program can be transferred to R.S.V.P. unless AoA changes the present character of the program. They will need to warn those now employed in Foster Grandparents (because they need the money)—that they may have to give up their jobs and be replaced by volunteers (who don't need the money). That's not a very pleasant assignment even for the U.S. Commissioner on Aging who seems to be trying to organize himself out of a job. However, even if AoA is permitted to die, Commissioner Martin can continue in his other job as Special Assistant to the President on Aging.

The argument that more senior citizens will be able to volunteer for R.S.V.P. programs as they are freed from poverty through boosts in Social Security benefits would make people laugh if they didn't hurt too much as it is.

There are millions of elderly living in poverty—they are the only group not moving out of poverty.—They desperately need another 25% boost on top of the 10% they are scheduled to get delivered in June—if the elderly are going to begin to get what might be described as an adequate benefit.

With livings costs rising as fast as they are, it will be a very long time before the improvement in government maintenance programs can be reflected in vastly increased numbers of volunteers for community services programs.

Even with the best explanation it seems clear to us the AoA budget has been cut about $3 million—about 10%. Because of the 5% increase in the cost of living the effect is a 15% reduction in resources.

We read the testimony of the Administration spokesmen who appeared March 10 before a committee of the other body. If you have read that testimony you will realize this Administration has a new and growing credibility gap on its hands.

How can the Administration say it is interested in helping old people when it persistently works against these programs and continued to cut back on appropriations although the number of our elderly is growing every year. Rhetoric will not help a poor older person decide whether he should give up some food this week in order to pay for the prescription drugs his doctor says he should get in order to smother his cruel arthritis pains. Rhetoric alone will not achieve any of the objectives for Older Americans which were enacted unanimously by Congress in 1965.

But as Congress declared itself in such a bi-partisan way on the need for the Older Americans Act and the need for "an operating agency to be designated as the Administration on Aging"—it must be extremely frustrating for members of the Senate, and the House, to see Congressional intent so blatantly ignored.

The CHAIRMAN. Thank you very much, Mr. Hutton.

I am going to defer first to Senator Hartke and then to Senator Pell who has not had a chance to ask any questions yet this morning and then I will have a few questions.

Senator HARTKE. First, let me say I think both of these gentlemen have a long track record of performance for the senior citizens. I think it should not go unnoticed that no man has succeeded Nelson Cruikshank in making progress in this Medicare program, for which this Nation is indeed grateful; even in its limited operation, as it is today, and as much as it is being cut back—even in terms of the service which is going to be offered.

We remember when we put in the Medicare program; we had 60 days of hospitalization, and, as you call attention to in your statement, there is an effort now to cut even the 60 days back to 14 days. You know, for people who are old, 60 days in most cases is too short. I don't know about the rest of the Senators; but I know, personally, that I just receive message after message, "What happens after the 60 days is over?"

The time has run out—and you still have to go to the hospital. You know, sickness is a very peculiar item for everyone, and especially for old people; it just does not seem to cut off when the money quits.

### Request for Social Security Increase

I might point out, I notice, Mr. Hutton, you asked for 25-percent increase in Social Security. I really think that is too small!

Mr. Hutton. Thank you, sir, I am ready to amend my observation any time.

Senator Hartke. Let me ask you, can you really find enough support in the Congress for a 20-percent increase, which should be on the books right now, before we add the cost-of-living increase? Do you think you can.

Mr. Hutton. Our program is such last year we asked for 50-percent increase in Social Security. That was last year. We got 15. We have now gotten 10 and now we are looking for that 25.

Senator Hartke. The fact remains, as you know, that you talk about how much you can change some of these things. The fact remains that the $100 minimum was cut back to, what, $70.40. Isn't that right?

Mr. Cruikshank. Yes.

Senator Hartke. Do you know of any person who can get by on $70.40 a month?

Mr. Hutton. No, sir.

Senator Hartke. Then they go on welfare.

Mr. Hutton. Yes.

Senator Hartke. All right. Here we have two different adminstrations. This is $70.40; and then he goes over to welfare, and demeans himself, and says, you know, "I am just too poor; I still have to be paid." So we are paying it out of two different pockets; but, we are still giving the person a minimum payment—not enough to make a decent living.

Do you not really think, if this country was sincere, it would say to a person when he reaches 65 years plus 1 day, "At least you ought to have an income half of what you had when you were 65 years old?"

Mr. Hutton. Yes, sir.

### Social Security Fund Accumulation—$37 Billion

Senator Hartke. You talk about how to change the Administration on Aging. You know, there is one way in which you could do this very easily; and you could have a little bit more money than you have now. We have an accumulation in the Social Security fund. We have been overcharging people, they all know that; they don't mind. We have accumulated $37 billion, and it would be $50 billion, if we had not postponed this last amount. Thirty-seven billion.

Now just to give you an idea of $37 billion—if you spent $4 million every hour of the day, 24 hours a day, 7 days a week, 365 days a year, you would have to spend it at that rate. That is how much money is in that fund—up and above what is necessary to pay the people. The interest is drawing the lowest rate of interest in the Government, and we are helping to pay for the war in Vietnam, out of the Social Security fund, after all—with that low interest rate. [Applause.]

I just want to make this suggestion here. If you take the interest on the accumulated fund, and devote the interest out of the Social Security fund to the Administration on Aging; this would have, at the rate of 6 percent interest—which is not unreasonable in this day and age—it would provide $2.2 billion a year, compared to the present amount of $29 million. We always have to keep in mind there is 1,000 million in a billion. So $2.4 billion.

### Let Social Security Fund Interest Pay

I would hope that you would give some consideration to advocating a program of saying: "Let's take the interest from the Social Security fund, which is paid in there for the benefit of the elderly, and devote that money to the Administration on Aging." Thereby they won't have to worry about having a direct appropriation. Just take the interest every year—and they will have enough to go on.

Mr. Hutton. I would like to think there are some discussions on this in the Senate Finance Committee, Senator Hartke.

Senator Hartke. I tell you, the Senate Finance Committee has not always been considered to be the most liberal, in its approach toward the problems of the aging. I am on that committee and I will do all I can, I assure you of that.

Mr. Hutton. Thank you.

The Chairman. Senator Pell.

Senator Pell. Thank you, Mr. Chairman.

This is my first time here. May I just say how happy I am to be here under your chairmanship. I think what a great job you are doing in trying to point up to the public the fact that conditions seem to be getting worse for our older citizens while at the same time the Administration is spending less money.

Along that line I am delighted with these particular witnesses because I think my own State played a role in their funding through Congressman Fogarty.

### Number of Poor Is Increasing

Yesterday I think there was a newspaper report that the actual number of the poor is increasing rather than decreasing. Did you read that report?

Mr. Hutton. This is true, sir. In the last year, 1969, for which figures are available, there are 200,000 more people over 65 living under the poverty level than there were the previous year. So this is the only group, the aging, the older people above 65, who are not moving out of poverty. All the other groups are, the aging are not.

Senator Pell. Now what percentage of the elderly are receiving Federal services such as Meals-on-Wheels or the Senior Aides? Do you have this figure available? Is that percentage increasing or decreasing of our older citizens receiving Federal help?

Mr. Hutton. I think it is decreasing. For example, the Senior Aides program which the National Council has had for 3 years is funded by the Department of Labor. This year it has been refunded again but

at exactly the level, for example, of last year. Of course, costs have gone up; there is a 5-percent increase in living costs. So in fact we are getting precisely the same money as we got last year but we will be able to do less with it, so that particular program is going down and this is true of nearly all the programs. There is no more money being spent.

Mr. CRUIKSHANK. You are aware, I am sure, Senator, that the percentage here never was high; that these programs of the type you mentioned, the Meals-on-Wheels, were never more than experimental pilot programs and they have never even attempted to meet the problem in its broader dimensions.

### THIRTY-SEVEN PERCENT POVERTY-STRICKEN ARE OLDER AMERICANS

Mr. HUTTON. Perhaps look at it this way, Senator. Older people make up 37 percent of all the people who live in poverty in this country. Thirty-seven percent. The programs for the elderly of the Office of Economic Opportunity or antipoverty programs have never spent more than $1.50 or 2 percent, and on our manpower programs the number of people who are unemployed below the age of 45 and the number of people who are unemployed between 55 and over are about the same, but for the manpower programs below the age of 45 there are 66 percent of our manpower programs in dollar amounts and for programs for people over 55 only 4 percent in dollar amounts. Those are 1970 figures.

Senator PELL. In other words, while the number of our poor senior citizens have been increasing under this present administration, at the same time the relative amount of funds is being cut back?

Mr. HUTTON. That is correct.

Senator PELL. How do you account for that? What is the political reasons?

Mr. HUTTON. Other priorities, Senator, and apparently we are not strong enough. We cannot get through to the administration.

Senator PELL. It will take more than a Conference on Aging at the White House which will be a whole lot of words. The problem is to put the dollars where the mouths are, and this is, I am afraid, where you have a very real job to do.

I don't think the general public realizes, speaking in relative terms, the lot of our senior citizens is getting worse at almost the same speed that the money being spent on them is reduced.

Thank you very much, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Pell.

Do you gentlemen see any reason why there ought to be in this country Old Age Assistance, welfare programs for people 65 and over? Should we not have a retirement program that is adequate so that older people don't have to go on welfare? Was that not what Social Security was supposed to be when it was inaugurated back in Franklin Roosevelt's time?

Mr. CRUIKSHANK. Yes, that is correct, Senator.

The CHAIRMAN. The idea was that when a person had contributed all through his life and had come to the age of retirement that then

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he could retire with an entitlement under Social Security that would permit him to live in dignity and above the poverty level. Was that not the idea?

Mr. CRUIKSHANK. Yes. Of course in the original Social Security Act there was the original title I which was Old Age Assistance but that was stated. We go back to the history of the act and we read the reports of the committees of the House and Senate. That was supposed to be a residual and a gradually disappearing program but that objective has never been attained.

In 1965 I remember the very extensive Social Security amendments that were made in that year. A large part of the argument and the support for it was that if you raised these benefits, which we did very extensively at that time, that the need for public assistance would decline. It did for a while but then other factors came in and the welfare aspect of the program has become larger instead of smaller.

Now certainly not as large as it would be without the Social Security program, without Social Security insurance, but I think we are at a place now where we need to re-examine those original objectives. I think we have to come to a place where people who do not have a wage record, which under the Social Security formula gives them an adequate level of living, we have to recognize that there is a right to an income aside from the right that they have established by their wage records and we must meet this as a right and without the indignity of a means test.

### INFLATION—THE BIG ROBBER

The CHAIRMAN. It seems to me that the whole program has fallen down, or the big robber has been inflation through the years. Since the program is tied to earnings and many of the older people were earning their money back in the thirties and the early part of the forties, when they were getting what would now seem to be very small wages, are now being paid their benefits on the basis of those very small wages. So the objective of an adequate, decent retirement under Social Security has never been realized.

Mr. CRUIKSHANK. That is correct.

The CHAIRMAN. I think inflation has been largely the reason. But I agree with you, I don't see why we could not, through the Social Security System, make certain not only that the person gets his entitlement based upon what he paid in; but, if his total income is such that he has to live beneath the poverty level that he could get a supplemental payment as a part of his Social Security check that would bring his total income up to a level of decency.

Mr. CRUIKSHANK. Our neighbors to the north have done much that kind of thing. In Canada everybody over 65 years of age gets a basic payment, then he gets a social security on top of that based upon his wage record. Now if he is not in need, that basic payment is recovered by income tax on a progressive income tax basis. Thus the whole business of a means test and all is avoided and everybody has an underwriting of their need.

The CHAIRMAN. There ought to be a way we could accomplish this objective, too, in this country as rich as we are.

Thank you very much, gentlemen.

Mr. HUTTON. Thank you.

Mr. CRUIKSHANK. Thank you, gentlemen, for the opportunity of being here.

The CHAIRMAN. Next on the schedule is a panel of nutrition project directors: Mrs. Ruth Braver, Chicago: Mrs. Regina Fannin, Olive Hill, Ky.; and Mr. Edward J. Kramer, New York City.

Do you wish to come forward, please. I understand you have offered to cooperate with the committee and keep your own statements limited to 5 minutes each. I want to express my appreciation for that.

## PANEL OF NUTRITION PROJECT DIRECTORS

**STATEMENTS OF RUTH V. BRAVER, CHICAGO; REGINA FANNIN, OLIVE HILL, KY.; AND EDWARD J. KRAMER, NEW YORK CITY; ACCOMPANIED BY PHILLIP GOFF, CHICAGO**

Mrs. BRAVER. I would also like to introduce Mr. Phillip Goff, a participant in our program.

The CHAIRMAN. How do you do, Mr. Goff.

Mrs. BRAVER. I think nutrition is great but I know you are getting hungry and so is everyone else.

Well, in the interest of time we, too, have decided to put forth a few points and hopefully you will read what we have stated. I didn't think that you would take issue with me if I very respectfully used chapter 5, verse 6, the phrase "Blessed are they which do hunger and thirst after righteousness for they shall be filled." What we ask is, filled with what?

## CHICAGO PROGRAM FOR 3,000 ELDERLY TO BE TERMINATED

We have in our program in Chicago over 3,000 elderly people who have found a great deal of both enjoyment and a fulfillment of their food and nutritious needs. We are here to discuss the fact, of which you are aware, that as a research and demonstration program we are due to be terminated—the Chicago programs June 28; the New York one, unfortunately, in 2 weeks; and the Kentucky one, June 24.

I would like to direct your attention to the amendments of the Older Americans Act of 1969, in which one of the stated purposes is, that for State offices to create an office of aging, they must achieve certain things; and one of them is the use of immediate benefit from proven research and knowledge which can sustain and improve health and happiness.

Now, our contention is that if corporate management can utilize and understand the value of research and demonstration—or research and development as they call it—discard those things and products which are not profitable and pick up the profitable one and use it, I want to know why we cannot do as much for the elderly? It is that aspect to which we are directing our specific plea.

How you go about it is the job of the distinguished Senators and people on this committee; unfortunately, it is your job. We can only

tell you what the need is. I would like to have the other members, or the other directors, talk a little bit about their program and the perhaps you can ask questions of Mr. Goff. We have been very careful about Federal funds and have brought only one person out of the three programs.

### Matching Fund of $173,000 Available

I would like to also state, that in question 2 which the committee addressed to us, that despite the financial stress the city of Chicago is in—and you are all aware of the situation in the cities—they have made a full commitment this past year of $173,000 in matching funds to the Federal Government. I don't know how many others have done that sort of thing.

We have projected the use of whatever city and Federal surplus we have, and I have even written myself out of a job so that we can continue this program until, hopefully, some legislation will be forthcoming; since, as an on-going program, we feel that we can pick up our new legislation much easier than if we start. What I am trying to say is, that we have not looked to Washington to solve all our ills.

We have utilized community resources; we have had other agencies give us their housing, to give us their program staff wherever possible. We have also convinced a national union that they should subsidize the program for themselves. That is how valuable they have found the program to be.

Now I don't want to take up any more time. Many of my other statements are in the paper.

The Chairman. Thank you very much.

(The prepared statement follows:)

### PREPARED STATEMENT OF RUTH V. BRAVER

*"Blessed are they which do hunger and thirst after righteousness, for they shall be filled"—With What?*

I am Ruth C. Braver, Director of the Nutrition Program for Older Adults of the Division for Senior Citizens in the City of Chicago's Department of Human Resources. This Program is one of 31 Research and Demonstration Projects funded under Title IV by the Office of the Administration on Aging, Social and Rehabilitation Services, Department of Health, Education and Welfare. This third and, perhaps final year, is funded on a matching basis by the City of Chicago,* which despite its own budgetary straits, confirms the City's concern for its 500,000 elderly citizens over 65. The Chicago Program is the only project which functions on a city-wide basis. Its stated purpose and goals have been to promote a food distribution and social support program with the following broad objectives:

1. To raise the nutrition level and general well-being of Chicago's elderly;
2. To test techniques of city-wide distribution of nutritious meals at low cost.
3. To strengthen and expand existing social and educational services for the elderly;
4. To provide employment and volunteer opportunities for the elderly;
5. To secure research information on the social and dietary habits of elderly people so that findings are applicable locally, regionally and nationally.†

*1970-71 Budget: $346,478 (Federal—$173,239, City—$173,239, Indirect—$53,056).

†Data collection on a National basis administered by Enki Research Institute, Chatsworth, California. Two studies locally: "Program Review & Evaluation, 1968–1970", "Factors Associated with Successful Service Programs: Utilization of a Nutrition Program for Senior Citizens Living in Public Housing". (In process)

It is our feeling that we have demonstrated the feasibility and advisability of all of the above-stated objectives.

From the time the program was implemented in the field, March 1969, the number of participants has increased from 1,009 to 3,589. Between March 1969 and December 1969, 93,399 meals were served. From July 1970 to February 1, 1971, 119,911 meals were served. In my judgment, an additional 2,500 to 3,000 elderly participants could be involved if funds were available. The cost of a meal to the participants, depending on their income, is 45¢, 65¢ or 80¢. In no way does the project operate as a food maintenance program, but rather as an effort to deliver atractive nutritious meals in settings conducive to socialization for the elderly.

In selecting the sites, throughout the city economic use has been made of established community agencies and organizations for the housing of the nutrition program. Wherever possible the services of established senior centers, Golden Age Clubs [4] and other special programs for the elderly are utilized. In addition, the program has developed and utilized nutrition and consumer education and community resources in the area of health screening and information regarding these services.

A great deal of research exists in the area of problems of the aged, as well as experts more qualified to speak of these problems than I. What I would like to address myself to, as a social scientist and public administrator, is the feasibility and impact of our program on the elderly. Too often, research and demonstration projects become academic. I do not mean to discredit or minimize the importance of contemporary gerontological research. What I would like to see is an increased interest in helping the elderly now. They represent one of the most vulnerable groups—those in late maturity who continue to experience loss of meaningful roles, diminished incomes and an awareness of their ineffectiveness to control their environment. We have an opportunity to do something about changing these conditions. Adequate documentation exists to support the theory that biological and psychological factors interact to create the withdrawn, isolated elderly person in poor health. I believe that in some small way the nutritious meals, socialization and supportive services which we have been able to extend have served to "brake" the downward spiral of many of our program participants. Attached are just a few sample letters from participants.[5]

Only last Friday, I was present at a program site where a group of young people age 14 and 15 years old were providing dinner companionship and songs to a group of elderly people. The scene and situation appeared to have the usual good social service aspects—and so it did. But what ensued between one elderly participant and a young man of 15 truly typifies the dearth of social contact and even more, the lack of expectation of attention by many of the elderly. Specifically, one aged woman, about 73–5, pulled the boy aside and insisted on placing three dollar bills in the boy's hand as, with tears in her eyes, she thanked him for the joy he and the group had brought to her that evening. It was extremely difficult for the boy and myself to explain to her that payment was neither expected nor needed.

Among the 31 states, variations of this incident could be repeated. Increased socialization has enabled the elderly to accept help from each other. Where participants have been ill, the friends that they have made in the program have brought meals to their apartments. The strength which comes with numbers has enabled many of them to plan for excursions out of their immediate community.

Although ethnic and early childhood eating patterns cannot easily be changed, nor should one want to necessarily, the nutrition and consumer education programs have served in many instances to make the elderly more aware of the value of this information, both to their physical and psychological health and the best possible use of the few dollars which they allocate for food.

Further validation of this program to the elderly is evidenced by the increasing momentum of community support and requests for the development of new sites. We must assume that word of mouth and program effectiveness are responsible. These requests cut across all ethnic and socio-economic backgrounds. It is important to note that the Nutrition Program while helping the aged poor, is not regarded as a welfare-handout program despite the fact that more than

[4] See appendix 2, p. 102.
[5] Retained in committee files.

60% of those served fall into the poverty income level by Social Security standards. There are, of course, always some people who feel that they should pay the least, not the top price per meal. But I'm sure you will agree this attitude can be found in other groups of our society.

In addressing myself to the impact of the program on the elderly, I believe there is an important corollary—its impact on the young.

My—our—generation has been accused all too often by the young of hypocrisy and false values. Can we in good faith ask respect for the elderly from the young when we give none? It is interesting to note that when the question of what to do with the aged single person arises, the very young up to mid-high school age say "let them live as they want to and where." From senior high school and upward (?) the response is more often "institutionalize the old."

Many of you may remember the fable of the son who put his father out to live in the stable. When the grandson was commended by his father for bringing a heavy blanket and other comforts to his grandfather, he replied, "Oh father, I'll do that for you too!"

I, for one, do not believe that social policy priorities should pit youth against age. Both groups require accommodation for the national health. The legislative, organizational, bureaucratic, financial methods for implementing such a policy is "unfortunately" the task of the distinguished members of this Committee and others like yourselves in the Senate and the House. The basic question remains, what do we want for our aged? What do they want? And, how are we to develop social policy to these ends?

The forthcoming White House Conference on Aging and the underlying community, county and state forums are steps in the right direction. The question that comes to my mind is "What will be done with the knowledge gained?" In the area of nutrition, realistic attention should be given to the stated needs of:

1. The high cost of food to the elderly—many states tax food purchases;
2. Increased facilities for hot meals served at low cost several days a week in public places;
3. Pre-packed fortified, frozen meals for the elderly at low cost with allowance made for special diets and denture problems;
4. Home delivered meals;
5. Radio and TV campaigns relative to nutrition and consumer education;
6. Require State Offices on Aging to implement above with allocation of funds, particularly if Federal money is in form of bloc grants.

The rationale for trying to develop an alternative to termination of the Nutrition Program was based on:

the demonstrated need of the elderly for the Nutrition Program;

optimum possibility of securing funds as an ongoing program if Federal/State legislation is forthcoming;

time to enlist community resources sufficient in number which, together with some City funds, would keep the program going, albeit with reduced numbers and services.

With reference to the last point, you may be interested to know that we have contacted various community agencies and church groups. One union is subsidizing the cost to its retired members with consultant services from us. Several church volunteer groups are delivering meals to the homebound and two agencies are evaluating the cost of absorbing the two kosher sites. Even under the current grant, we have been able to persuade a number of the host agencies to absorb part of the program cost. We have not been idle, nor do we look to Washington to do everything for us.

Regarding another question your Committee has posed—"If AoA funding is terminated, what will be done to continue a program for those you serve?" I should like to state that the philosophy of the City of Chicago—"I will"—has been put into play; however, candor requires me to state that faith and perseverance may not be enough. A projected estimate for carrying on the program past the June 28th termination date to December 31, 1970 has been prepared. It is based on the use of whatever Federal/City surplus remains from the current year's funding. The cash cost of a limited program for the remaining six months of 1971 less the previously committed City surplus would be approximately $60-, 242.00. If both the Federal and City surplus can be used, the cost for a skeletal program to the City would be approximately $34,000.00.

However, a program of this scope cannot be maintained without Federal/State support. All our efforts represent tactical delays.

To quote, if you will excuse me, from H.R. 5019, "a need exists for programs to provide the nutritional and social needs of millions of persons aged 65 and over who are unable to overcome the complex and intertwining problems of inadequate diets. Many of these elderly persons do not eat adequately because they cannot afford to do so, while others who are economically better off do not eat well because they lack the skills to select and prepare nourishing and well balanced meals, have limited mobility which may impair their capacity to shop and cook for themselves and have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone. These and other physiological, psychological, social and economic changes that occur with aging result in a pattern of living which causes malnutrition and further physical and mental deterioration." Where this situation is permitted to occur and continue, the drain on required social, medical and hospital resources would indicate that the failure to meet the nutritional and social needs of the elderly is a self-defeating action. Funds should be spent on preventive help programs rather than custodial ones.

What would be the effect on the program participants if the project is not continued? They'll live—but with increased bitterness, well aware of the low priority assigned to them by all of us.

Why is it that corporate management accepts the need for research and development and utilizes findings which predictably make for a profit? At the least, we could equate this with demonstrated means of improving the life of the elderly.

If the results of this research and demonstration nutrition project is not translated into policy, why should the money have been spent in the first place?

Specifically, I would ask first, for extension of the project; and second, a permanent solution, legislation with adequate appropriation.

We ask for your support in pursuance of the above, failing which our hopes of maintaining the program are nil and we can anticipate further pleas from the elderly. They *are* capable of learning new ways. More and more, they understand the need for advocacy. Hopefully, but questioningly, they look to their elected representatives for a voice.

Respectfully, I take nothing away from St. Matthew and Heaven when I used his verse as a title to my testimony.

"Blessed are they which do hunger and thirst after righteousness, for they shall be filled." For the needy elderly, I ask—filled with what? Rejection or respect? Isolation or integration? Famine or food? Contentiousness or contentment?

Thank you for your interest and this opportunity to speak.

## STATEMENT OF EDWARD J. KRAMER, DIRECTOR OF SERVICES TO THE ELDERLY OF THE HENRY STREET SETTLEMENT URBAN LIFE CENTER, NEW YORK CITY, N.Y.

Mr. KRAMER. My name is Edward J. Kramer and I am the director of services to the elderly of the Henry Street Settlement Urban Life Center in New York City. I also serve as project director for the Good Companions Food and Nutrition project conducted at the Henry Street settlement with a grant from the U.S. Department of Health, Education, and Welfare, Administration on Aging, under title IV of the Older Americans Act—which has been discussed today and recently. Because we are discussing the White House Conference, I have been appointed the chairman of the Region 1 task force in the State of New York, on health and nutrition.

### MAIN MEAL TO BE MISSED BY 150 ELDERLY AMERICANS

In a few weeks a tragedy is going to occur for hundreds of people on the Lower East Side of New York City. What do I tell them when no more food will be provided for them? I think some of the real issues of the day need to be discussed. We have been serving 150 elderly people a day—one meal per day. This is the only main meal these

people have, and with the grant from HEW we have been able to do this 5 days a week.

We also provide meals to the homebound, to about 50 a day. These are people who are senile, who are completely incapacitated. The main meal of the day is to be delivered to their homes by other elderly volunteers, so we have community participation. I would like to know what happens to 50 homebound people—and you multiply that throughout the Nation when the programs end.

### Need for Action—Not Conferences Nor Research

I think we have talked far too long about research and demonstration. I think we need action. I, and members of our center, think generally that people throughout the United States are getting very, very tired of research and demonstration, and conferences, and press conferences, and press releases; they are now interested in what this country is going to do for older Americans.

This is a really bad day—and bad days for older people throughout this Nation are increasing. I read recently of elderly people in Florida being arrested because they have to shoplift—because they don't have enough food. Here, on the Lower East Side of New York City, you can see people each day eating from garbage cans. I don't believe that in this Nation of wealth, we have to tolerate elderly people—who built up this country—eating out of garbage cans.

### HEW and AoA Funds Tied Up

Now people ask, "Why are you angry?" I am angry, our members are angry, and, I think, thousands of citizens are angry because we have tried for the past year to find additional funds to keep our program going. We have been to the State of New York and they say, "Well, there is no money, we are waiting for money to come from Washington." We have been to the City of New York and they say, "There is no money for the cities, we are waiting for something to come from the White House." We have been to HEW, and asked for an extension of HEW and AoA funds. Reexamine your program, reexamine what your priorities are. The answer that they give back to us in that their hands are tied also.

Well, really, the lives of elderly people on the Lower East Side of New York and throughout the Nation; their lives are now in danger because the city, the State and the Federal Government are not recognizing this responsibility. The city of New York suggested to me, a few weeks ago, that if our elderly people—all of them whose income is under $1,200 a year—if they would all go on welfare, then they would get a restaurant allowance. They take this restaurant allowance and they turn it in to us, and we would be able to provide them a meal. But, I don't believe that going on welfare is the road to good nutrition.

We cannot force elderly people to go on welfare: I don't care how good a social worker you are, how good a case worker you are. It is demeaning, and I don't think it should be done! I think the city of New York—or anyone else who suggests it—has a hell of a lot of nerve! Granted, sometimes going on welfare can give you additional income, but we should not force elderly people to do so—when we give them that as the only option. It is criminal!

### Program To End Without Emergency Appropriations

I conclude by saying that our program will end very soon. We have enough money, about $7,000 left, because we have been very careful with our books—to keep going until April 30. We were supposed to end at the end of this month, but we will keep going another month.

I ask you here today—when I go back to New York City this week— what do I tell the elderly people? I have an option to eat where I wish. You gentlemen have an option to go eat some place else. If a restaurant closes that you and I like, we can always choose another, but the people who come to Henry Street, the people who come to the other places in this country, they don't have an option to choose another place! For them it is back to the old way of having tea and toast, the old way of being malnourished—and probably ending up in nursing homes, and costing you and me, and every other taxpayer, more money. Old people don't want to be in old age homes.

So I come here today and ask for your help. I say the time for action is now. We know there is legislation in the works, but we cannot wait for legislation! We need emergency appropriations—until the Pepper bill is approved, or the Javits bill on nutrition is passed. We ask your help today, and we thank you for being able to come here and speak with you.

(The prepared statement follows) :

### PREPARED STATEMENT OF EDWARD J. KRAMER[6]

I am Edward J. Kramer, Director Services to the Elderly of the Henry Settlement Urban Life Center in New York City. I also serve as Project Director for the Good Companions Food and Nutrition Project conducted at the Henry Street Settlement with a grant from the U.S. Department of Health, Education and Welfare, Administration on Aging under Title IV of the Older American Act. I wish to thank you for this opportunity to try to add to the already considerable testimony concerning older Americans.

Under this A Title IV grant and with the cooperation of the Henry Street Settlement Food and Nutrition Demonstration Project known as the Good Companions of the Henry Street Settlement is located in the basement of a low-income housing Project (Vladeck Houses) on the Lower East Side of New York City. There are more than 700 units of elderly tenants in these houses composed of all ethnic groups. The Center is a multi-purpose operation and projects who mostly live alone. Our present Center membership is 500, and offers the elderly a variety of services including counseling, referral and intervention. As part of a Settlement there are some other resources available such as consultation and direct involvement of the Mental Hygiene Clinic, case-work consultation, Home-Planning Workshops, participation with other age groups in community planning and cultural programs. At the Center there are Social Activities and opportunities for creative expression in the Arts, Drama, and Music. A large Volunteer Corps of both English and Spanish-speaking members receive training and supervision in bringing a variety of services to other elderly persons in the community.

A group of 15 members volunteer their services at the neighborhood Health Clinic assisting in the Pharmacy. Good Companions are social activists and participate with other groups in demonstration, rallies for causes they feel worthwhile supporting. At weekly discussion groups they are encouraged to speak of their feelings about themselves, and the world about them.

About 400 elderly persons participate in the luncheon program. A daily, nutritionally adequate hot meal is served daily five days a week at a cost to the elderly consumer of 60¢. Elderly volunteers deliver hot meals daily to homebound and sick. Additional meals are also prepared to be taken home for the weekend. About 130–140 meals are served each day five days a week in our dining room.

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[6] See also appendix 2, p. 107.

In addition 25–35 are delivered to homebound persons and 50–60 weekend meals purchased each week.

In addition to the professional staff consisting of Project Director, the Director of Evaluation, the Home Economics, recreation and staff and the Kitchen Personnel (cooks and dishwashers), cashier, counter-girls, elderly aides work approximately two hours a day, five days a week and work alternate weeks, thus providing more persons with employment. Both the Kitchen personnel and the elderly aides attend monthly training sessions on Sanitation and Food Handling practices, courtesy and deportment. Elderly aides are paid $1.90 per hour, this employment is keeping many off public assistance rolls. Elderly Volunteers are trained to bring a multiplicity of services to sick, isolated or homebound elderly people including the daily delivery of hot meals. Volunteers also work in the dining room serving handicapped luncheon participants their meals. They also assist in the bussing and clean-up of the dining room.

The Home Economist has monthly "formal" meeting with 50 to 60 interested luncheon participants on nutrition and consumer practices. She also meets with smaller groups with special dietary problems once a week. There are also formal announcements, talks, etc. for a few minutes before lunch.

The Project was set up to increase the quantitive, and qualitative food intake of elderly participants. We believe that the Project is contributing significantly to improving the nutritional adequacy of the participants' diets and we have data to support it. Prior to the onset of the food service, 185 of our prospective clients were interviewed, and asked to enumerate all of the food eaten within the past 24 hours. This data was analyzed to determine the nutritional adequacy of their diets to the onset of the meal service.

We found that the average prospective participant's food energy requirement was 1546 calories. In comparison, the average prospect consumed only 1123 calories—a deficit of 442 calories and only 19% consumed over 1500 calories. In other words 84% of the prospect consumed fewer than their recommended daily allowance (reduced by 100 calories to allow for error).

In contrast to this, an average lunch served at our Center contains 686 calories. This amounts to 44% of their food energy requirements so they need only 56% of their requirements at home.

As important as the actual calories are the presence of the protective food groups, and the balance of the daily meal pattern. For the elderly, lunch is the main meal of the day, and should contain 6 items; 1) soup or juice; 2) meat, fish, eggs, or cheese; 3) raw salad or cooked vegetables; 4) potatoes, or bread or grain; 5) dessert (fruits, cakes); and 6) a beverage. Before the food service started, none of our prospects had all of 6 of the lunch items in their midday meal; only 1% had 5 of the items; 38% had 4 items; 34% had 3 items; 13% had only 2 items; 10% had only 1 item; and 4% had no midday meal at all. In contrast, each of our lunches contains all 6 of these suggested foods. Thus, our participants eat all six of the items, whereas no one had all (and only 1% even had 5) of the suggested items prior to the onset of service. And while there is no guarantee that everything on the tray will be eaten our observation is that it is and some of our participants even ask for more generous portions.

Let's carry this analysis further, to discuss each of the suggested food for lunch. Each of our participants are served each of the suggested foods—that is 100% for each. Prior to service, in contrast, only 76% had a protein (meats, fish, eggs, or cheese); only 68% had a starch (potatoes, bread or grain); only 64% had a final beverage (coffee, tea), only 42% had a dessert (fruit or cake), only 30% had a vegetable (raw or cooked), and only 15% had a substantial liquid (juice or soup). These contrasts speak for themselves, and support our contention that programs like ours are a necessary ingredient in a comprehensive effort to provide the elderly with the "good life."

The deficiencies found in the lunch diets of our elderly prospects were not made up in their own meals. For the day as a whole, their diets were still very deficient. Our luncheon menu contains each of the protective food groups, although not necessarily enough to cover the entire day's requirements. Before the service started 9% had no bread, cereal, or grain for the entire 24 hour period; 10% had no milk or cheese; 17% had no fish, meat poultry or eggs; 35% had no citrus fruits or other sources of vitamin C; 39% had none of the other fruits or vegetables; and 64% had no dark green leafy and deep yellow vegetables. Now none of our participants go without any of protective foods, because each of these are included in lunch (except for the milk or cheese

because our meals are non-dairy). We hope that the meals that the participants eat at home further supplement basic essentials. All, in all, our lunches seem to be providing the core of their nutritional requirements which are necessary to self-sufficiency and good health.

With older Americans it would seem that changing practices about food would be difficult. After all, they have been doing something a certain way for so long that change seems impossible. However, what is important and probably does change is their attitudes toward food. Four out of ten of our respondents report that they are eating more, now that they attend the program. This indicates not only attendance, but increased appetite, better health, greater activity and the benefits of peer companionship. 95% report that they like to eat with other people. 90% report that they eat the way they should. In contrast before the service started, 87% of the prospects reported that they didn't get enough food, 86% reported that they don't get the right food, and 82% reported that food doesn't taste good.

The Food and Nutrition program seems to have increased companionship among the participants. Before the luncheon program started, only 52% of the prospects said that they didn't have enough friends. In contrast, after the luncheon service started, 87% of our respondents report that they have enough friends—a sharp increase. It is this heightened companionship that we believe increases appetite, dietary adequacy, active levels health, and probably keep participants from entering nursing homes or other extended-care facilities.

The project staff believes that the program had improved clients self-sufficiency and attitudes toward life and self.

With improved diets and increased companionship, we felt that our participants would become more active and develop a more positive attitude toward their life and self. 25% of our respondents reported that they do more things now, some because there is more to do now, and some because they have more time now. Likewise, prior to services, only 34% felt that cooking was very easy, but now 51% find it very easy.

Attitude change has been a prominent accomplishment of the luncheon program. While the importance of these changes cannot readily be converted to dollars and cents, we feel that certainly from our observations that it prolongs the life and improves health of older Americans, and probably keeps them from resorting to institutionalization.

While we have no comparisons data at hand about institutionalization prior to service, it is rare at present. While programs like ours cost money, it helps to avoid other charges to citizens when poor older people use hospitals, clinics. nursing homes, and other agencies.

If one reads the statistics about the economic impoverishments that afflicts so many of our elderly, it becomes much more than statistics, it becomes criminal neglect in a land of wealth. Medicaid, and other health programs at the Federal State and Local level have enabled the elderly to be free of many physical ills and disabilities, and the expenses associated with illness. However, in many aspects things are worse now for older Americans than before Medicare. Longevity is a living death for many older people. For no matter how many doctors, dentists, podiatrists, and druggist or hospitals are available to older people, there services are a dubious gift where so many elderly are poor, go hungry and are denied the meaningful role in our society.

The double-edged nature of this role crisis must be underscored. First, if a person is going to live fifteen or twenty years beyond the arbitrary retirement age of sixty-five, it cannot fail to be noticed that our society, generally, has been strikingly unimaginative in finding new roles for our elderly. Second since an activistic orientation predominates our culture if an older person is not provided the opportunity for, is not capable of, or does not desire an activistic achievement-oriented role, his culture does not accord him status or recognition.

Advertising is geared to looking young, acting young, thinking young, and too many, of us have swallowed this heresy wholesale.

It is a heresy, and it is difficult to resist, because aging is an undeniable fact, the cosmetic industry notwithstanding, and to "remain young" simply flies in the face of a reality that should be accepted. However, the temptation to succumb in placing most values on youth, vigor, vitality, etc., are immense. It seems as though the only time an elderly person appears on television commercials is in connection with arthritis, dentures, or laxatives. Only the swinging set really has fun and enjoys life, or so they would have us believe.

Since our society places such high value on physical vitality, on the expansion of interest and activities, physical aging is utterly bound with mental health and mental disorders in the aging when they can no longer "keep up".

It takes considerable ego strength to prevent a negative self-image. Sometimes a feeling of alientation from the environment occurs.

In a recent study in New York State twenty six percent of all mental patient admissions were over sixty-five (6,914). Mental disorders of the type characterized by confusion, memory defect, and general weakening of the mental process are often cared for by nursing homes and homes for the aged and are not included in the above statistics.

The most seriously disturbed, those noted in the statistics, have disorders such as delusions, hallucinations, disorders in mood or behavior that are dangerous to the persons or disturbing to others. A significant number have one or more physical illnesses, and concomitant severe emotional disturbances. What is important to note is that physical impairment seems to be connected with the patients who evidenced the most severe emotional disturbances, and that this is very likely in light of the fact that feelings or uselessness breed physical and mental disorders which cyclically produces a heightened sense of impairment and uselessness.

Interestingly, in this section dealing with geriatric psychiatry, the New York State report, in describing the treatment program that has been twenty to forty percent successful in returning patients to the community. ". . . stress developing and maintaining the dignity of the individual, the avoidance of infantilism, encouragement of interpersonal relations, and the fostering of initiative and independence by an offering of choices to the patient."

Now, gentlemen, why can't this be done in the Community before aged people end up in mental hospitals or home for the aged.

Here at the (Henry Street Settlement) Urban Life Center, our members live within walking distance to our club. Most are widowed, live alone and are below subsistence level. In studies we have done with them before the program began, I discovered great deficiencies in their diets. Bread, white cheese, cream, boiled chicken, few vegetables, and not much meat staples. Much of this was due to poor nutritional knowledge, poor eating habits and insufficient amount of money. The grant which we received has enabled us to offer our members the one nutritionally sound meal of the day.

In our program which begins at 10:00 A.M. and ends at 9:00 P.M. we have endeavored to make available to our members such programs as Dramatics, Singing, Dancing, Sewing, Crafts, Painting, Sculpture, Woodworking, Movies, Discussion Groups, Culture Groups, Nutrition Education and congenial company.

Our members are totally involved. Many of them are volunteers delivering meals to homebound elderly working at Gouverneur Clinic, visiting the sick and ailing in hospitals and homes, cooking, cleaning, shopping and doing whatever is necessary to help one another. We have parties, celebrating holidays and birthday people, bus trips to points of interest and cultural outings. In addition our members are involved in community and social action.

Chronically ill for years, isolated, lonely they could have become patients in mental hospitals and nursing homes. Active membership in the Good Companions club has help restore their dignity and renewed their interest in living.

The success of our program can be attested to by the continued growth of our membership and the continued return of old members. It is easily observed that without adequate funding, services and program such as we offer would not be available to the elderly and their existence would be as bleak as it once was. Our nation canot afford to have that on its conscience.

"All men are created equal" including those advanced in years. Being old is not necessarily the same as being stale.

## Nutrition Program Creates New Vitality

Mrs. Braver. We have agreed we could break into each other's presentation. I understand Mr. Kramer's distress because of the situation—and I know that he feels as I do. He did leave something out, at least from the frame of reference, that we would like to have you look at—the nutrition program. It is not considered a food maintenance program, and I think that is one of the resentments he has about sending the people to welfare.

The basic premise of the nutrition program was that it correlated nutrition and socialization. I think we all know that meeting on a social basis makes for the best type of attitude, and there have been previous speakers talk about the cost of Medicare, et cetera. There is sufficient research in the field to indicate that there is an interrelationship between nutrition and good socialization, good mental health and, therefore, less cost.

This does not mean that the aging are not going to get ill. What we are talking about is a small group; but, really, a few million who become less of a burden on their family, where they create less hostility with the breakup in urban renewal. There has to be some way for the elderly to be able to go some place else and retain some sense of independence about choice.

The CHAIRMAN. I know exactly. We have been speaking of these model programs. We happen to have one such model program in one part of Idaho; it is the only program of its kind in the whole State but it involved, I think, just a weekly meal. It was a small program and involved just a weekly meal for elderly people in a rural area. You just would be amazed at how that is attended every week and what it has done in bringing these elderly people together and getting them acquainted and giving them a new interest in life, a new vitality just because they could all get together for one meal once a week. So I think it has many effects besides purely the nutritional value.

Mr. KRAMER. Mrs. Fannin is here from Kentucky.

The CHAIRMAN. Yes.

## STATEMENT OF REGINA FANNIN, PROJECT DIRECTOR, COUNTRY GATHERING, A TITLE IV NUTRITION DEMONSTRATION PROJECT FOR THE RURAL ELDERLY IN SIX NORTHEASTERN KENTUCKY COUNTIES

Mrs. FANNIN. This is the same type of program that you were referring to—that I have in Kentucky. I am trying, in our project, to cover over 2,000 square miles of territory in six counties in eastern Kentucky. We have 500 participants in seven centers that receive one meal a week, we also provide transportation and other things for them. They tell us that they don't know how they got along before we started the project—and they don't know what they will do if we terminate. We have actually averted disasters by contact of the personnel with these people and by going out to the remote areas in an emergency to assist them.

### NUTRITION AND TRANSPORTATION NEEDED IN RURAL AREAS

We did have a tragedy—a brother and sister that froze to death: They were laying out in the cold—I mean after they were frozen, of course—for 4 days before they were found because the road was almost impassable. Until they were missed, no one went to check on them.

We have transportation for 207 of the people that are coming to our centers. The impact of the project has been tremendous. We have some of them—that are now attending—that were isolated for months at a time. These were the first contacts they have outside of their own home. Many of them are living alone, and that presents other problems. As

you well know, a remote area has a lot more problems just because it is remote.

I came, you know, to ask what we could do. Our project is scheduled to terminate on the 24th of June. I have checked in all of the areas with our local governments. But, because they are part of the poorest section of the United States, they have no money. Building sites and cooperation in any way feasible is offered; but, they just don't have money and funds to operate the project. The Kentucky Commission on Aging has told me they are being cut back $63,000 this year—just the amount I need for our project. They are seeking funds. They will put us on a list; but, where we will come, I don't know.

(The prepared statement follows:)

PREPARED STATEMENT OF REGINA FANNIN[7]

Mr. Chairman, I want to thank you for this opportunity to bring before the Senate some of the needs of the rural elderly in my section of Eastern Kentucky. I am Regina Fannin, Director of a three-year Nutrition Demonstration Title IV Project. This is funded by the Administration on Aging and is sponsored by the Northeast Kentucky Area Development Council, Inc. (a local Community Action Agency), with its main office in Olive Hill, Ky.

The project is called Country Gathering. It provides one meal a week in a social setting with a variety of programmed activities. The activities include: Nutrition and Consumer Education, Aging Problems, Recreational Activities, Handicraft Instruction and time for socializing. Currently, we are operating seven centers located in six counties, namely: Carter, Elliott, Greenup, Lewis, Morgan and Rowan. Each site is funded for maximum participation of thirty (30) per center. This figure varies in different locales with attendance ranging from the twenties to the fifties. Some of the other services provided by the project includes, take-home meals and home delivered meals to the shut-ins, shopping trips, transportation and referral services.

The requirements for participation in the program are that a person be 60 or above and a resident of the county in which he wishes to participate. There is no income restriction, but very few of our participants would be disqualified if such a restriction did exist.

At the present time, we are serving meals to 250 persons each week. We have forty-five homebound participants and are delivering these by volunteers and staff personnel. If we had the means of doing so, we would serve all eligible homebound participants.

Eastern Kentucky has many remote and isolated places. Isolation and remoteness are a part of any rural area and are difficult to cope with for the young, but when coupled with old age and declining health they become almost insurmountable obstacles. There are cases where death has resulted from this isolation. Let me explain—a brother and sister (aged 64 & 73) lived in Lewis County not more than thirty miles from my home. Their home was off the main road and up a hollow. Their road became impassable, except for the horse and wagon which they used to travel to town each Saturday. During one particular week, heavy snows and hard freezes came. The couple did not come out of the the hollow on Saturday as usual, so some neighbors went to check on them. On Sunday they found the lady where she had fallen and broken her hip. Her body was frozen in ice. They found her brother not more than twenty feet from the door of the house where he had had a seizure when he attempted to answer her call for help. They had been dead since Wednesday afternoon according to the coroner. Both were in poor health and malnurished. Many of our participants live alone in areas such as these and several near tragedies have been averted due to the contact with personnel of this project.

During some severe weather this winter an outreach personnel visited a participant who had not been able to come to the center. She had very little fuel and her home was only 40° F. The outside temperature was near zero. The aide went for help and together with the assistance of the gas company equipment, a sled was devised and a tank of gas taken over the near impassable road.

[7] See also appendix 2, p. 110.

We have been instrumental in locating those in need of food and have helped them in securing United States Department of Agriculture donated foods and/or food stamps. Each month we deliver commodities to those unable to travel the distance involved, the physical effort of waiting in line or afford the cost involved. It usually costs them $5 or more to get the "free" food items.

Another benefit offered to the participants through the centers has been their participation in the craft project. They began making and selling crafts as a supplemental income and when the Northeast Kentucky Area Development Council opened a craft store near the Carter Caves State Park the participants sold many items through this outlet. A lady told me that she used this income to purchase food stamps. In another case a lady had gas put in her house. In still another instance a lady bought coal for fuel from her sales. Those involved have netted over $3,000 from these sales thus far.

The Daniel Boone Convalescent Home of Morehead, Ky., has a craft program for their patients and beginning today, they are instructing twenty of our participants in ceramics work. They have a market for the items which will be made.

Since this program began the elderly have become involved in a variety of activities previously unobtainable. Through the transportation phase of the project they aren't as confined as they once were—i.e. they now attend the centers for meals and activities, go on shopping trips and participate in educational classes. For example, they have been engaged in on campus classes offered by Morehead State University, Morehead, Ky., through the William Caudill Fellowship which provides classes for those 65 or over free of registration, laboratory or incidental fees. From this contact with the University many of those wishing to take courses, but who could not because of transportation problems, joined together and requested the Institute on Aging of the University to provide classes located within the centers. This has been done through lecturing each week in the following fields: World Religions, Kentucky History and Recreational Crafts. These subjects were chosen by the participants and all joined in freely, regardless of previous education. (Several cannot read or write.) There are approximately one hundred persons involved, ranging in age from 60 to 89 years. We have a gentleman who is 100 years of age but he has become homebound recently due to his health.

The project has, in many ways, "extended the lives" of those involved, not only with food but with companionship and has provided a place for them to turn in emergencies. They have told me they don't know how they ever got along before the project began and wouldn't know what to do with themselves should it terminate. They say its the best thing that has ever happened for their age group.

There is a great need for this type of program in the rural areas—a need for expansion, not termination. There is an ever need for nutrition education, in various forms, among the elderly. Take special diets for an example. We had a participant who found that she had a problem with sugar. Her doctor gave her a diet sheet with sample menus for each day of the week. She told me she couldn't eat what he had suggested. While going over the list in detail with her, I discovered she was not only trying to follow the menus but was attempting to consume all the alternates at the same time. Another diet problem they face is that of repetition—the same set of menus used over and over.

Many do not know how to alter or add variety and still remain on the particular diet their doctor prescribed. They also find it difficult when shopping. The ingredients are printed too small for many to read, so they tend to buy the items they know.

There are volumes of printed material, both by the government and the private sector, but it has not been geared to their needs. Most of it is printed too fine and says in five words what could have been said in two or three. This is taxing on both the eyes and the nerves.

We, in our project, are working with the elderly to overcome as many of these problems as time and money permits. However, we are a small staff trying to cover a large area (2,136 square miles), with the old population exceeding 10,000 and increasing steadily. Those that are leaving the rural Appalachia area are the young, the working force, leaving the elderly even more isolated. The mobile ones take with them the means of transportation. There is a great need for expansion, for contact with those unable to assist themselves and for those who seldom eat away from home. They need to become actively involved with society.

I have tried to secure funds for continuation and expansion of a program based on the needs of the rural elderly, but everywhere I have tried I have

received the same answer—"no funds available at this time." Even the Kentucky Commission on Aging is unable to assist at this time, in fact, beginning July 1, they are faced with a $63,000 cutback.

In my opinion, unless an agency or organization is primarily concerned with the problems of aging they tend to give them lesser priority. The AoA's full concern is devoted to these problems and, therefore, it should be supported with more funds, not cut. Needed programs, for and with the aging, then could be continued and expanded to meet the needs of the ever increasing numbers in this age group.

Our project employs eleven elderly part-time workers and reimburses expenses to ten others. There are three of us in the central office. Our participants range in age from 60 to 100. Five hundred different participants have been served, this does not include the 571 visitors or the seventy-nine people who have visited our centers on whom we do not have any information. I am attaching a breakdown sheet with more information concerning them that was obtained in the past two weeks. (Attachment I) From this you can better visualize the scope of the project. The total cost of the project is less than $4 per person involved with a raw food cost of less than $.50 per person. In what way could we better spend this small amount when it means so much to those involved?

*Participants*

| | |
|---|---|
| **Age:** | |
| 56 to 60 | 34 |
| 61 to 65 | 87 |
| 66 to 70 | 104 |
| 71 to 75 | 62 |
| 76 to 80 | 34 |
| 81 to 85 | 19 |
| 85 plus | 14 |
| Unknown | 7 |
| Sex: | |
| Males | 99 |
| Females | 262 |
| Marital status: | |
| Single | 11 |
| Married | 199 |
| Widowed | 145 |
| Separated | 2 |
| Divorced | 4 |
| Resides: | |
| Alone | 107 |
| With spouse | 201 |
| With relative | 41 |
| With nonrelative | 9 |
| In public housing | 3 |
| Income level: | |
| Less than $100 | 139 |
| $100 to $199 | 103 |
| $200 to $299 | 52 |
| $300 to $399 | 11 |
| $400 to $499 | 0 |
| $500 to $599 | 0 |
| Over $600 | 1 |
| Unknown | 55 |
| Income source: | |
| Social security | 233 |
| Investments | 16 |
| Pension | 26 |
| Wages | 60 |
| Public assistance | 34 |
| Savings | 17 |
| Other | 83 |
| Distance from center: | |
| 0 to 1 mile | 67 |
| 1 to 5 miles | 108 |
| 6 to 10 miles | 74 |
| 11 to 15 miles | 46 |
| 16 to 20 miles | 33 |
| 21 to 25 miles | 21 |
| 26 and over | 12 |
| Benefits received: | |
| Transportation | 207 |
| Income supplement | 24 |
| Food stamps and/or commodities | 146 |
| Education instructions | 231 |
| Craft instructions | 120 |
| Handicraft materials | 247 |
| Attends: | |
| Regularly | 215 |
| Irregularly | 125 |
| Sold crafts: | |
| Yes | 72 |
| No | 268 |

*Dropouts*

| | |
|---|---|
| **Age:** | |
| 56 to 60 | 12 |
| 61 to 65 | 29 |
| 66 to 70 | 38 |
| 71 to 75 | 20 |
| 76 to 80 | 24 |
| 81 to 85 | 16 |
| Over 85 | 7 |
| No age | 3 |
| Sex: | |
| Males | 60 |
| Females | 89 |
| Health | 122 |
| Transportation | 26 |
| Death | 21 |
| By choice | 10 |
| Other | 36 |

*Guest or visitors*

| | | | |
|---|---|---|---|
| Age: | | Visited center with: | |
| Over 60 | 112 | Family | 281 |
| Under 60 | 449 | Friend | 107 |
| No age | 10 | Other | 181 |
| Sex: | | | |
| Males | 240 | | |
| Females | 331 | | |

We have had 79 persons listed who attended the centers but we do not have any information on them.

Mr. KRAMER. The point Mrs. Braver made about socialization is very important. On the Lower East Side our project is located in low income housing. There are 1,800 people living in the project. We have a large recreation or central program, as you call it, so that the nutrition program, of course, is the major focus. We are open from 9 in the morning until 10 in the evening 5 days a week—so it is really a second home for most of these people. They don't have to sit and watch TV or look at four walls.

Before, our elderly people would die in their apartments and lie there weeks upon weeks; and, when the stench was too bad the police would find them. Now they know someone is there, we can get them to a doctor. So this program has made a new life for many of these people.

Mrs. BRAVER. I would like to make a comment. Mr. Goff has lived for 5 years in a mixed ethnic senior housing group in the Chicago Housing Association.

Mr. Goff, would you talk to us about knowing people as a result of this?

Mr. GOFF. Well, when the program first started you were meeting people as you had never seen before. I lived in the building for 5 years and some of the people I met I never even knew. We're in a high crime area where I live. You don't get outside, but they would be locked in their apartments looking at their television, or listening to the radio, but you would not know who they were, you didn't know your next door neighbor. But, after this program started, they would be down there an hour before meal time, and an hour to eat, and an hour afterward. It had the effect that you were speaking of, Senator Church, socialization. We broke the ice. It is a different feeling all together.

The CHAIRMAN. Yes.

Mrs. BRAVER. Another area is the possibility of health screening which we have put into effect—and there is data to this effect in my report. Elderly people are very afraid of being ill, they don't want to find out the truth just like we don't, but by prior education we have got them to accept cancer testing, diabetes testing, and glaucoma testing.

### CONFERENCE SHOULD CONSIDER DIETARY PROBLEMS OF AGED

With reference to the White House Conference—I don't see anything that has come out of it. The other gentleman covered the monetary part; but, in nutrition, I do not see anything that has come out of it—with reference to the need for special diets, for instance. We do have to accept the fact of aging, that dentures are used, that there are

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many diabetics, and there are many other types of diets that are needed. These can be done and there are ways. I think that we should stress, and find out from the commercial areas, the prepackaging of special diet meals for people; and the removing of the food tax—because in the State of Illinois there is a 5-percent tax on food for the elderly. These things all go together to provide supportive services that are under title IV and title III, and all can be fit into a nutritional program. I believe we have demonstrated that we can serve it economically.

The CHAIRMAN. Well, I am very favorably disposed toward the nutrition program, as much of it as I have seen personally. Wherever these demonstration programs were set up I have always found them to be exceedingly successful which demonstrates the need that they are filling. You consider how big that need must be, the numbers of people who are not reached at all because of the limitations on the program.

I don't want to burden you with our problem, you have a big enough problem of your own. We have a problem, too, and at least it must be mentioned. Congress has authorized $105 million for the Administration of the Aged, for the various programs under the AoA. The administration is asking for $28 million, between a fifth and a fourth—about a fourth of what the Congress has authorized. You say, "Well, appropriate, it is an emergency; these programs will be cut off. Appropriate more money."

I would favor that. Congress could appropriate more money than the Administration asked, but Congress cannot force the Administration to spend it. That is what is known as Executive impoundment; Congress can make the money available and the President can elect not to spend it. So you see, we have our problem when it comes to how do you solve this. I think that, perhaps, we can think in terms of adding to the supplemental appropriation bill enough money to keep these existing programs, let's say, inadequate as that may be, in effect to prevent them from being closed down, but we have got to secure the agreement of HEW, of the Administration, that if that money is made available they will spend it.

### UTILIZE ELDERLY AS VOLUNTEER AIDES

Mrs. BRAVER. I would also like to make this suggestion. It is very easy to ask you or the administration to get money. I am also interested, from an administrative point of view, that many of these programs can be redrawn to also use less money and serve more people. For instance, in those areas where I have been unable to get an elderly aide—and you know there is an employment factor built into this—I have said to the elderly, "If you want this program, if you need it, and I can't get an aide, by God you come down and you volunteer, and you do this work." The value of the money to them goes without saying.

I think I offer them respect when I say, "You do something also," and in many instances I have been able to. Once or twice I have closed a program and then it is opened up with the elderly serving as volunteers. I see nothing wrong in asking for a continuation or a continuing resolution with AoA specifically doing what a research and demonstration program should do—evaluate our reports, ask for our suggestions, how

would we change it depending upon the area we serve and the type of program we are?

For instance, in Kentucky you could utilize other types of agencies on a subcontractual basis. In our area we are trying to sell it. For instance, the Jewish Community Centers of Chicago, with whom we've had contact, may take over the two Kosher sites. We may, thereby, be able to help some other additional people.

The CHAIRMAN. Of course that kind of experimentation was meant to be a function of the demonstration projects in various parts of the country.

Mrs. BRAVER. If it is going to be put on the shelf, I want to know why I have to write a 100-page report?

The CHAIRMAN. Well, we have a double-edged proposition here. One question is, "Will Congress provide extra money?" The other question is, "Will the administration provide it if it is provided?" It is like they used to say in the West: You can lead a horse to water but can you make him drink? We got to do both.

Mr. KRAMER. I think we are putting enough pressure now on Congress by elderly people, themselves; and I think we would not be here today, and the large emphasis that is now being placed on these title IV programs would not be so placed if elderly people themselves would not have organized. I have learned a lot from them; they are the greatest teachers in the world—by their organizing and going to the legislators and asking for continued funding.

### HIGHEST PRIORITY SHOULD BE FOOD FOR ELDERLY

You know we mentioned the White House Conference—and here I cite region 1 in New York City. We are grappling in our meetings with doctors and nurses about health and nutrition. It seems to me a continued emphasis is on the health part of it; and, I think, that very little attention, unfortunately, is being paid to the nutritional aspects of it.

Now, the members come to our center, many of them have Medicare and Medicaid and every day they go from a doctor, to a psychiatrist, to an eye doctor, to a gynecologist, to all the different practitioners; but, they don't have enough food. Maybe we should have something like food care first—instead of Medicare. Feed them, keep them alive, then go to doctors.

It is hard to say which should have come first. It seems ironic to me that all these people are going to doctors—at a very high cost—and then have no food to eat. The Food Stamp program is inadequate. Those who have the food stamps just save them, they never take them to the supermarket. They never cook. It is just like, I think, being alone, having to cook your own food and eating it yourself, it just does not work.

Mrs. BRAVER. What we have learned is new educational methods is that the elderly can learn—if it is not done in a passive way. One of the things I don't know, whether it falls in your province or not, is whether you get a permanent solution or not. There are many States who have not set up really good, effective offices of aging; and having aid in block grants instead of categorical grants. I would pray that, as legislators, you would see to it that where the State is not employing

its block grant, that the categorical grant can be made to an individual city; or, at least, that pressure should be put upon the State.

The CHAIRMAN. Thank you very much for your suggestions and for your excellent testimony. We appreciate it.

Mrs. BRAVER. Thank you.

The CHAIRMAN. Our next witnesses are Dr. Jerome Kaplan, president, and Dr. Elias Cohen, chairman of the Public Policy Committee of the Gerontological Society.

May I apologize, gentlemen for the lateness of the hour but I am pleased to welcome you anyway. Thank you for your patience in waiting until 5 minutes of 1 for your turn.

Won't you please proceed?

## STATEMENT OF JEROME KAPLAN, PRESIDENT, GERONTOLOGICAL SOCIETY

Dr. KAPLAN. Fortunately, Professor Cohen and I have known each other for years so we have agreed primarily to follow each other as we have in years past.

At this moment representing the Gerontological Society, which is the major national organization of researchers, educators, and professionals devoted to aging in the United States, I would like to take the several minutes available to us, apart from the prepared testimony, to discuss research and training needs.

The documentations, which you have had over the past several years that have provided you with the basic information on which you have proceeded with your legislative and/or other recommendations, have come from the researchers that have been very active in the Gerontological Society. We are now at a turning point—in a certain sense a tragedy—in research documentation.

### EMASCULATION OF RESEARCH AND TRAINING FUNDS

We find ourselves now with the Administration on Aging in the process of being emasculated of their research and training funds: with the NICHD, National Institutes of Health, and so on, also being faced with cutting out their gerontological research and training moneys or allocating them at a lower level than heretofore.

At this point I would like to turn to Mr. Edwin Kaskowitz, the Executive Director of the Gerontological Society, to assist in the turning of the charts which we have developed to document and emphasize what is transpiring.

You may follow these, if you wish, beginning on page 84.

The first of our documents indicate what is happening to Administration on Aging training funds, and the second with NICHD training funds compared to the past year and what we foresee in the immediate future. As you will note, we are now faced in fiscal year 1972 with a 38-percent decline in Administration on Aging training money of which initially there has been very little, regardless. At NICHD we are faced with a 10-percent decline in training money—where we had very little initially.

Mr. Kaskowitz, would you turn to the next chart, please?

### Child Health Funding Up, Aging Down—Why?

You will note that, compared to the entire proposed budget of the National Institute of Child Health and Human Development, aging is faced with a 45-percent differential as compared with "population" funding which is scheduled in the proposed budget to receive a 33-percent increase. Child health is up 10 percent, aging per se is down 12 percent. We are obviously continually moving down in the value structure within the Federal Government.

In our next chart we note that research and demonstration funds under title IV of the Administration on Aging is facing a 36-percent cut of $1.8 million, or thereabouts, and a reduced total.

Could we have the next chart, please?

The National Institute of Child Health and Human Development research comes up with a 37-percent cut for aging with only $2,251,000 proposed for this coming year.

As we take a look at our needs, and the documentation has been given to you previously in other ways, a need for 6,000 researchers devoted to the processes and the application of knowledge and aging in our country had been projected several years ago. We only have about 1,000 now active, and obviously we are not going to come close to the goal of 6,000 within the next several years; in fact, we are in the process of losing ground—and with reduced funding will lose our researchers. Simultaneously, we have indicated the need for upwards of, perhaps, 40,000 added professionals within this decade—those who would either be doctorate or master degree specialists—and we find ourselves now in a losing game where 10 universities that are desirous of finally moving to the aging program being faced with no opportunity whatsoever. Other universities are in the process now of having to phase out their particular funds.

In view of the shortage of actual time for presentations I would like to, very briefly, review several of the possible solutions and recommendations.

### New Overall Agency Outside HEW May Help

As an initial recommendation, we would like to suggest a new overall agency which would have the power of enforcement, power of recommendation, and power of funds to coordinate the efforts of all bodies in the Federal establishment that have had—and will have—money for the aging. We suggest that this particular agency be outside the Department of Health, Education, and Welfare in view of the apparent lack of interest on the leadership of this administration to focus and stress the aging, whether in research, whether in training, or whether in services—as Professor Cohen will indicate.

We would also suggest this new overall agency receive a sufficient amount of money to be able to allocate as each year's needs may suggest a certain type of stress.

I would further like to suggest on behalf of the Gerontological Society that Secretary Richardson approve, recommend, endorse, and implement the continuation, into this coming fiscal year, of the same amount of funds which have been used for our various title programs as well as our national institutes—until such time as we can hopefully resolve, within the budget implementations of the

forthcoming fiscal year, what the new budgets and appropriations will be for the aging field.

We would also like to suggest that a National Institute on Aging be developed in the National Institutes on Health in order to insure that money set aside for aging be specifically earmarked.

I would like to make one basic point at this time—without going into all the other recommendations that are to be found in the appendix of the material attached, that were approved by the executive committee of the Gerontological Society. Based on my quarter of a century of work in the aging field, the only way that we can look forward to any form of success is to have visibility for the aged. The Administration on Aging dismemberment is a most unfortunate happening in our country because the Administration on Aging gave visibility and, while giving visibility, further helped to enhance the possibilities of especially earmarked funds for all other entities.

This is why we believe that we must have a special overall agency on aging; and why we must have a special institute on aging; why all moneys in reference to older Americans for research and training must be specifically earmarked; and, that such funds, hopefully, be earmarked in a type of language making it impossible for the vagaries of any single administration to decide as to what it will, or will not, do—regardless of the congressional intent.

The CHAIRMAN. Thank you very much for your statement.

(The prepared statement follows:)

PREPARED STATEMENT OF JEROME KAPLAN

Mr. Church, Mr. Eagleton, and members of the committees: I am Jerome Kaplan, current President of the Gerontological Society of the United States and Canada. I am also Director of the Mansfield Memorial Homes of Mansfield, Ohio, a non-profit complex of extended care services, outpatient medical care, home services, group services, and retirement housing.

The Gerontological Society is the national organization of researchers, educators, and professionals in the aging field. The members of our Society essentially constitute the expertise on aging in the United States and are the people who produce most of the new knowledge and information in this field.

I am here today to discuss with you the current status and needs of the Aging Field in terms of Research and Training and its importance to you and to the people of the United States.

We are also quite concerned with the application of knowledge and the provision of services. The three together—research, training, and practice—constitute our integrated professional concern.

THE NEEDS

The main feature about research and training in gerontology is that there is so little of it.[1] There is *not* an adequate number of professionals to meet the social, behavioral and health needs of our aging population today and we are *not* training an adequate number to meet the immediate needs of tomorrow.

Our total population is growing steadily and this fact combined with advances in medicine are creating an ever increasing percentage of aging and older people. Estimates for the end of the century are that we may have as many as 55 to 60 million older people. In other words, we may have three times as many older Americans as now. Therefore, we must have knowledge about the aging process, disease, and their related behavioral components if we are to deal effectively with the needs of our people. Simultaneously, we must have the training and education programs that produce qualified professionals who provide services to our people.

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[1] From the opening statement of "Training in Aging," a background paper for the 1971 White House Conference, prepared by Dr. James Birren.

There is one axiom: research, training, professional education, and services go hand in hand. Each is necessary to the other but not sufficient in itself.

TRAINING IN GERONTOLOGY

The field of gerontology is a relatively new field, an infant in terms of structured theory about the processes of aging, professional development, and organized training and research programs. Its infancy is all the more startling when compared to the immense population toward which it is directed and about whom much needs to be known. Those of us in the field have an immense responsibility to serve our people and, indeed, ourselves by increasing the research and training effort many-fold.

To demonstrate how new this field is you should know that organized training programs in gerontology were first supported by the National Institute of Child Health and Human Development in 1965, and by the Administration on Aging in 1966.

Briefly, the Human Development program essentially trains scientists, investigators, and potential academic educators. I should like to point out that this fledging effort is facing a harsh reduction of support in the coming fiscal year. The effort to produce the research information needed by professionals, by policy makers such as yourself, and by other scientists will also receive a severe setback.

The Administration on Aging, while involved with group and behavioral research implementation, on the other hand had assumed a primary responsibility for training the professional who provides services, and who plans and develops city, state, regional, and national programs of service. As you know, the Administration on Aging has suggested training programs ranging from retirement housing management to specialists in environmental design. This range includes community planning, social work generalists, business administration, architecture, applied social gerontology, and leisure time specialists.

The Administration on Aging's effort has been an integral and vital part of the total training effort in aging. It has interlocked with and complemented the other efforts in Human Development, Mental Health, and Public Health. With some exceptions, the Administration on Aging's programs have been designed to produce sorely needed practitioners at the masters level of skill.

We feel that the Title V Training Office provided an extremely valuable function when it assessed the need for trained professionals in aging in the United States. For the first time we had a good look at the needs and a comparative view of how short of the goal is our current effort.

A summary of that study is recorded in the Congressional Record of February 25, 1969, page S 2071. The survey indicated that by 1980 requirements for trained workers will be at a level of two and three times above that of 1968. We will not elaborate the details because they are well established and already clearly documented by this Committee.

A similar report issued by the National Institute of Child Health and Human Development in 1967 indicated that the number of trained researchers and educators needed to be increased by 230% between 1968 and 1973.

All the recent government studies call for an increased investment in trained manpower and research in aging. Some studies have indicated that at least 25% of the growth rate in social sciences in the next five years should be in Gerontology. They have also indicated a need for new and enlarged facilities for research and training. Yet, at present, there are no construction funds for such purposes.

In 1967 a study indicated that a realistic ten-year goal for research and education in Gerontology would be 5,000 Doctoral candidates by 1976, for a total need of 6,000 active researchers in the aging field. Yet today, the number of active researchers is about 1,000 with a very limited growth anticipated.

The needs of the field are three-fold:

1. Long-term career training to produce Doctorates who are equipped to conduct research, train researchers and educators, and educate professionals and practitioners;

2. Masters level professionals and technicians capable of providing services, planning area-wide services, administrating program and training paraprofessional volunteers, among other related areas;

3. Short-term continuing education for professionals and paraprofessionals.

We have shown you that the need for researchers and trained professionals has been clearly documented.

Now let us look at what has been and is happening to the financial support of training in aging in the two federal programs charged with that specific responsibility (Charts A and B).

You will notice there was a growing conscious commitment to training through the years; however, we are now witnessing a precipitous decline. The Administration on Aging's budget is significantly reduced and symbolizes a very definite threat to a continued viable program.

*Chart A.—Administration on aging training funds, title V*

| | (*In millions*) |
|---|---|
| 1966 | $500 |
| 1967 | 1,493 |
| 1968 | 2,245 |
| 1969 | 2,845 |
| 1970 | 2,610 |
| 1971 | 3,000 |
| 1972 (proposed) | 1,850* |

*Down 38 percent.

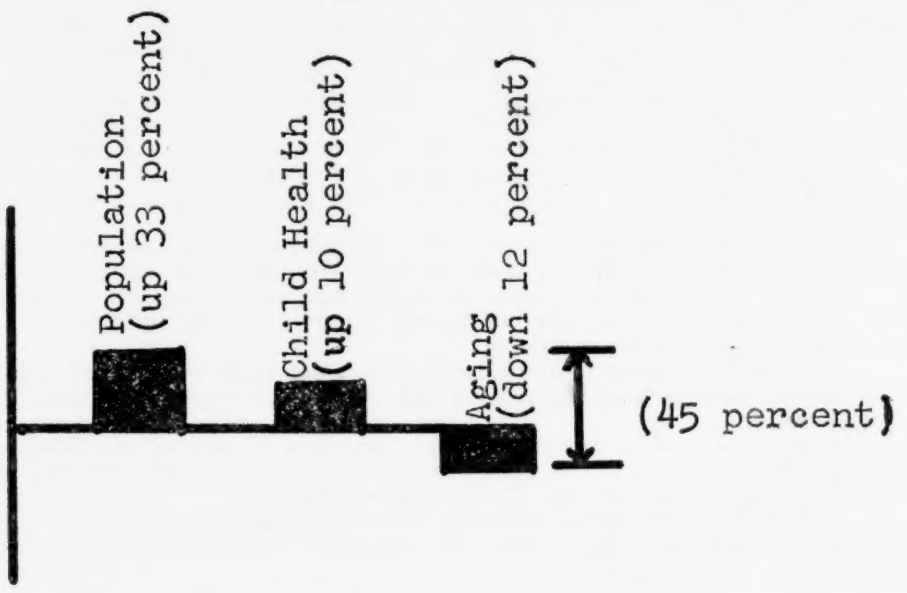
*Chart B.—National Institute of Child Health and Human Development training funds*

| | (*In millions*) |
|---|---|
| 1964 | $301 |
| 1965 | 567 |
| 1966 | 1,450 |
| 1967 | 2,089 |
| 1968 | 2,197 |
| 1969 | 2,286 |
| 1970 | 2,314 |
| 1971 | 2,500 |
| 1972 (proposed) | 2,259* |

*Down 10 percent,

The National Institue of Child Health and Human Development budget is most clearly a substantial decline, particularly when you view it against the background of what is going on at the National Institutes of Health and the National Institute of Child Health and Human Development in general and in terms of the identified need and the growth of the program that one might otherwise expect.

*Chart C.—National Institute of Child Health and Human Development, Proposed Budget Fiscal Year 1972*



The National Institute of Child Health and Human Development contemplates a reduction of 12% in this year's budget, from $8,762,000 down to $7,180,000—a drop of $1,353,000.

Child Health will have a budget of $46,903,000 and Population research $37,718,000. Obviously, Aging is very low in priority and is taking a significant reduction from an already minimal amount. In effect, the reduction ranges from 22% to 45% (Chart C).

This stands in marked contrast to the Gerontological Society's statement on need which suggests that the Administration on Aging should have $5 million for training with the total NICHD budget at least $12 million and moving to $15 million in FY 73. *We recommend an immediate 50% increase in the NICHD budget* to meet the required research and training needs.

RESEARCH IN AGING

Aging research is being reduced to the point that its contribution will be less than minimal. Here is a graphic demonstration of what has occurred and is occurring (Charts D and E).

*Chart D.—Administration on Aging research and demonstration funds (title IV)*

*(In millions)*

| | |
|---|---|
| 1966 | 1,000 |
| 1967 | 1,507 |
| 1968 | 4,155 |
| 1969 | 4,155 |
| 1970 | 3,250 |
| 1971 | 2,800 |
| 1972 (proposed) | 1,800* |

*Down 36 percent.

*Chart E.—National Institute of Child Health and Human Development—research funds*

*(In millions)*

| | |
|---|---|
| 1964 | 2,735 |
| 1965 | 2,625 |
| 1966 | 3,210 |
| 1967 | 3,234 |
| 1968 | 3,502 |
| 1969 | 3,485 |
| 1970 | 3,226 |
| 1971 | 3,592 |
| 1972 (proposed) | 2,251* |

*Down 37 percent.

*These figures mean no new research whatsoever in addition to cutbacks on current activities.* For a field of such vital interest, struggling to grow, these reductions threaten its existence.

Yet aging research is the vital core and foundation of the tremendous national programs evolving through Congress affecting the older American. It is important because it:

*Reduces and/or inhibits rising costs of care:* Research and Demonstration has already shown us methods and strategies for keeping people mobile, independent, and relatively healthy thus avoiding being placed in care institutions. Based on research data, my own institution has a program of outreach medical and social care which is designed to help maintain people on their own and keep them out of institutional care.

Continued improvements in medical systems, new drugs, improved social-emotional oriented programs are critical needs to our growing aging population. For example, recent Administration on Aging sponsored research has begun to reveal the mobility patterns of older people. We are only now beginning to understand the impact of accessibility of transportation on decisions about going to the doctor or going out to buy proper foods. In this context, we are now studying the impact of social contact on health and the value of physical activity on morale, health, and disease. The complexity of the decision-making patterns and influence regarding mobility are subtle and complex. Yet, they must be understood and methods developed to cope with them if we are to have a

healthy viable society. Obviously such processes also affect the older worker, his image of himself, and the way he acts, for example when seeking new employment or changing work to complement his changing life pattern.

*Suggests new, innovative services and programs:* A recent success story was the effort by the Administration on Aging to understand the importance of nutrition to aging. A variety of studies were launched. They included a comprehensive overview of what is known, its implications for health, and its meaning for new approaches to better nutrition. The Gerontological Society produced a very valuable document for the Administration on Aging which also points out what is not know and what research is needed. Over 4,500 copies of this monograph were printed and it is now in its third reprint. Demand for this kind of information has been overwhelming, indicating a first for information which can lead to better service, programs, and health.

The Administration on Aging also funded other Research and Development programs in Nutrition and thereby was able to identify key components so as to develop a series of prototype models of service.

This kind of work must continue for we are only now beginning to break the deadlock of poor nutrition in aging.

*Answers and provides insights into economic and social change:* The Gerontological Society, in cooperation with the Administration on Aging, has assembled leading social scientists to identify and describe the key areas of socal change effecting older people. They have been charged to identify them, describe them in detail, indicate the kinds and categories of answers needed for those who make policy and to outline the research which is needed. We call this group the Committee on Research and Development Goals in Social Gerontology. It is chaired by Dr. Robert Havighurst, Professor Emeritus of the University of Chicago.

The CoRaD Committee has issued two status reports which have been distributed to the professionals in the field. In it are described the critical areas of social need and the kind of research and development needed to provide answers for policy makers such as yourself.

Here are some of the areas described:

Work, Leisure, and Education: Toward the Goal of Creating Flexible Life Styles.
Living Arrangements of Older People: Ecology.
Social Services for the Aged and Aging: Suggested Research Priorities.
Economics of Aging.
A Policy-Oriented Research Approch in Aging.
Mexican-Americans.
The Negro Aged.
Patterns of Aging Among the Elderly Poor of the Inner City.

I cannot overemphasize the importance of the work of this Committee and the importance of the Administration on Aging which has made it possible. This is another concrete illustration of why Research and Development programs in aging must receive full and continued support.

Service programs to the aging population without a strong ongoing research components is like going to the moon without the ability to make course corrections.

## The Current Situation

The creation of the Administration on Aging was the result of a careful and elaborate study of needs. It is a mechanism devised to meet some of those needs by providing trained professionals to serve our people.

We question the basis of the decision to reduce funding and to dismember the Administration on Aging. It was created by an almost unanimous act of Congress, after careful study and deliberation of need, has functioned effectively to meet the need, and has set realistic priorities. We see no evidence that the needs and priorities were not being met by the existing structure and activities. We also do not see the current effort as a reflection of any new description of need or priority. Indeed, there is no new priority and the needs are still the same. We do know, for example, that the Training Program under Title V was most carefully developed and beginning to show results. In fact, about ten (10) Universities were in the process of requesting support for new programs and additional funds were needed to support them.

We have watched with concern the dismemberment of this agency. A young program is being destroyed by both the reduction of financial support and the dismantling of its structure and function. This double blow has the effect of snuffing out its life and identity.

Disturbing is the fact that the will and intent of Congress, responsive to people's needs, is being ignored.

We assume that the decisions to reduce aging research and training funds, as well as service funds, and the dismantling of the Administration on Aging are based on good intentions and the best information available to those who make these decisions. We suggest, however, that the information must be reconsidered and reweighed. The current trend will result in less service and poorer quality and quantity of service to our people.

We feel that Aging Programs (Gerontology) must have a clearly marked identity and structure if they are to effectively serve the aging population. This lesson has been amply and repeatedly demonstrated. It is apparent within the National Institutes of Mental Health, where Community Mental Health Services reach an insignificant portion of the aged in need. The same has occurred in the United States Public Health Service where, when the Aging Branch was abolished in 1968, programs and activities have almost completely disappeared. The Gerontological Society's recent listing of Current Legislative Needs ("The Gerontologist," Spring, 1971, p. 3—copies attached) speaks directly to this issue and calls for the establishment of identifiable aging programs with significant funds in each of the appropirate segments of the Department of Health, Education, and Welfare. Within the National Institute of Mental Health, we suggest a Center for Aging able to fund Research, Training, and Demonstration Programs.

An effective Administration on Aging will not only better serve the older person but will also stimulate programs which keep people in better health, operating independently and, thereby, reducing demands on hospital and nursing home care.

RECOMMENDATIONS

1. We respectfully urge that immediate action be taken to restore the integrity and function of the Administration on Aging's activities in research and training and application compatible with the intent of the Older Americans Act.

2. We suggest a single, national, federal agency on Aging be created to draw up a National Plan on Research, Training, and Service so as to oversee and coordinate the activities of all the federal programs engaged in training and research in aging. It would draw up, implement and monitor a ten-year program of research and training on Gerontology. We would suggest that it have adequate funds to staff its coordinating function and to assemble and effectively utilize a National Board on this subject.

Coordination is difficult to achieve without some power. We would, therefore, also suggest that this body recommend program and funding directions to Congress. It should also have substantial funds of its own to be used to induce other federal agencies to follow specific research and training activities. This Agency could provide matching funds to federal agencies for research and training which the Advisory Board selects as priority goals.

We envision this structure to operate above the level of the Department of Health, Education, and Welfare and to be independent of HEW control yet able to affect the direction and activities of all programs in aging. It would be responsible to Congress and also report to the Executive Branch.

3. We strongly urge Secretary Richardson of the Department of Health, Education and Welfare and the Bureau of Management and Budget to continue allowances to the Administration on Aging in FY 72 based on the appropriation of FY 71. In all likelihood, appropriations for FY 72 will be finalized sometime after July 1, 1972. In the meantime, and in the hope that Congress will appropriate more adequate funds, we urge present levels of spending be maintained. Many training and research programs are renewed beginning with the fiscal year. The FY 72 proposed budget means many will be terminated. The damaging effect of termination on June 30, with the release of faculty into the job market and the turning away of students will be difficult to correct and should Congress act to redress this grevious situation by providing more adequate funds.

For other specific recommendations, attention is again especially called to the "Critical Legislative Needs in United States Gerontology" appended to this Testimony which is available through the Gerontological Society as well as in the Spring issue of "The Gerontologist," the professional practitioner publication of the Society.

Gentlemen, thank you for the invitation to testify.

CRITICAL LEGISLATIVE NEEDS IN U.S. GERONTOLOGY

Recommendations of The Executive Committee of the Gerontological Society for legislative programs this year. Other legislative suggestions may be forthcoming.

The Executive Committee of the Gerontological Society supports:

1. The Establishment of a National Institute of Adult Development and Aging for the purpose of conducting and supporting:

a. Basic and applied research into the processes of aging including, therein: physical and mental health, biological and chemical changes, psychological and social relationships.

b. Basic and applied research into the prevention, treatment and modification of changes associated with the aging process and disease.

c. Training related to such basic and applied research and programs.

2. A budget of $12 million for the National Institute of Child Health and Human Development earmarked for research in aging.

3. Restoration of the organizational structure, position, and function of the Administration on Aging as legislated by Congress in the Older Americans' Act.

4. An appropriate budget for the Administration on Aging to include a total of $23 million for State Planning and Services, $5 million for Research and Development, and $5 million for Training.

5. $5 million in budgeted funds for the Health Services and Mental Health Administration earmarked for studies and demonstration programs on the organization and delivery of health care and health services for the middleaged and elderly.

6. Earmarked funds of $5 million for the National Institute of Mental Health for studies and programs leading to improved understanding, services, care and prevention of mental illness in the elderly.

7. The establishment of a commission to set national goals and priorities in order to improve the quality of life for the aging, with the authority and funding to insure that these goals are established.

8. The establishment of a commission to set research priorities for studies of the aging process by biological and behavioral scientists.

9. The establishment of a Congressional Commission on the Mental Illness of the Elderly.

Adopted by the Executive Committee of the Gerontological Society at its February 6–7, 1971 session in Washington, D.C.

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ADMINISTRATION ON AGING

BUDGET ALLOCATIONS, 1966–72

| | 1966 | 1967 | 1968 | 1969 | 1970 | 1971 | Proposed 1972 |
|---|---|---|---|---|---|---|---|
| 1. State planning and services: | | | | | | | |
| (a) Community programs | $5,000,000 | $6,000,000 | $9,550,000 | $14,500,000 | $9,000,000 | $9,000,000 | $5,350,000 |
| (b) Planning and operations | | | 1,000,000 | 1,500,000 | 4,000,000 | 4,000,000 | 4,000,000 |
| (c) Area-wide projects | | | | | | 2,200,000 | 4,000,000 |
| 2. Foster Grandparents[1] | (5,000,000) | (5,563,000) | (9,380,000) | 8,968,000 | 9,250,000 | 10,500,000 | 7,500,000 |
| 3. Retired Senior Volunteer program | | | | | | 500,000 | 5,000,000 |
| 4. Research and training: | | | | | | | |
| (a) Research and development | 1,000,000 | 1,507,000 | 4,155,000 | 4,155,000 | 3,250,000 | 2,800,000 | [2] (1,800,000) |
| (b) Training | 500,000 | 1,493,000 | 2,245,000 | 2,845,000 | 2,610,000 | 3,000,000 | [2] (1,850,000) |
| (c) White House Conference | | | | | 250,000 | 1,650,000 | [3] 650,000 |
| 5. Salaries[4] | 1,000,000 | 1,275,000 | [5] 1,200,000 | [5] (1,100,000) | [5] (1,400,000) | [5] (1,200,000) | (1,200,000) |
| Total[6] | 7,500,000 | 10,275,000 | 18,150,000 | 23,000,000 | 28,360,000 | 33,650,000 | 26,500,000 |

[1] The Foster Grandparent program for the years 1966–69 was an OEO program and not part of the AoA budget.
[2] This is now in the SRS research and training budget and no longer part of the AoA budget.
[3] This amount is part of the 1971 allocation of $1,650,000 which was a 2-year allocation.
[4] Personnel salaries were included in budget totals for the years 1966–68. From 1969 on, the salary was no longer included.
[5] Actually spent.
[6] These totals represent the actual totals which appeared on the budgets.

The CHAIRMAN. Now, Mr. Cohen, if you would add your remarks.

## STATEMENT OF ELIAS COHEN, CHAIRMAN OF PUBLIC POLICY COMMITTEE, GERONTOLOGICAL SOCIETY

Mr. COHEN. Thank you.

I am going to speak about points on organization of the Federal program on aging and on the White House Conference on Aging.

The potential for high visibility, high impact and accessibility through the highest levels of government that were anticipated when the Congress passed the Older Americans Act have not been realized by the Administration on Aging. More importantly, and you have heard this from at least one other witness, there has been in the current Administration a conscious effort to polarize people on a youth versus age basis.

We think that we don't need any more fragmentation in our society. We think that this is a phony issue. The effort to polarize has been evident in the Administration proposals for health maintenance organizations, which are generally good, but which tend to leave the elderly out. It has been evident in proposals for the family assistance plan, a Federal income maintenance proposal.

### ADMINISTRATION POLICY OF FRAGMENTATION WRONG

I would suggest, without differing fundamentally on the issue of visibility that Dr. Kaplan has raised, that it is the policy more than the structure, it is the policy that is wrong. We feel that it is the policy that has reduced what power the Administration on Aging may have had; it is the policy that is reflected in a meat-ax approach to the budget, for the Administration on Aging and other budgets affecting research and training on aging.

The role that the Administration on Aging can assume if it is to be successful has to be tied in some way to some power base. We would suggest that power derives from resource allocation. There are opportunities that lie within the Department of Health, Education, and Welfare and, indeed, within the Social and Rehabilitation Service.

Let me offer some examples:

I would like to suggest that the Administration on Aging have the power to sign off on State plans for medical assistance that the States submit with reference to nursing home care and the financing of the care of the elderly in mental hospitals. You will recall that the latter was authorized by the Long amendments several years ago. The Administration would have to evaluate and assess the administration of those plans. There would be real power in that, since considerable funds would be involved for the States.

One-third of all Medicaid expenditures now go for long-term care, or nursing home care. Similarly, evaluation and approval of both the submission and the administration of State plans having to do with services for the elderly under title I of the Social Security Act in which the Federal Government finances 75 percent of the cost of services. Probably the amount of money expended under those provisions is far in excess of anything available under title III of the Older Americans Act.

Finally, I would suggest the quarterly publication of a statement of the true condition of the elderly and of various aspects of the programs carried out by State governments. This is a task that has really been taken on by this committee over many, many years. It is quite shocking that the executive branch has substantially abdicated the role of informing the public about the various problems. This can become a major factor in the promotion of services under title I of the Social Security Act.

With reference to the White House Conference on Aging, I have submitted an article with my testimony in which I outline certain steps that could have been taken. I am not sure what can be done now.

### Will Conference Truly Represent the Aged?

Let me comment that the White House Conference on Aging activities have been very carefully controlled and structured. I do represent a national organization on a task force on income maintenance. We met once in February. We have had no recommendations submitted to us, indeed we have not even had the working papers submitted to us. So far as I can tell we have had no role; and, perhaps when we meet in May, we will be asked to have a role—but it is getting fairly late.

The issues that have been selected by some group in Washington certainly are not the issues that State and local administrators or consumers would pick. The issues have been designed to produce a platitudinous type of report. Those running the conference are staying away from controversy and criticism.

There is no proper input for national organizations like our own in the areas of research and training.

There are task forces on the "needs areas" but there are none on the so-called needs meeting mechanisms. The result is that the Gerontological Society, an organization of 2,000 leading researchers in the field of gerontology, will have to submit its recommendations over the transom—to use the parlance of the publishing field.

The opportunities for political leadership to speak out in the White House Conference have not been maximized. The special studies that have been needed and should have been conducted for legislation are really not being done.

As for collaboration between the executive and legislative branches I suppose the less said about that the better.

Finally, the impact of research on the current programs that are underway simply has not taken place. Whether it can in the time allotted, I don't know. Even if there is not time between now and the White House Conference on Aging, there is no reason why these activities should not move forward.

Thank you very much.

The Chairman. Thank you very much, Mr. Cohen.

(The prepared statement follows:)

### PREPARED STATEMENT OF ELIAS S. COHEN

My name is Elias S. Cohen. Currently I am Assistant Professor of Social Administration in the Department of Community Medicine, School of Medicine,

University of Pennsylvania. I am appearing before you in my capacity as Chairman of the Policy Committee of the Gerontological Society.

Prior to joining the University of Pennsylvania, I served as Commissioner for the Aging for the Commonwealth of Pennsylvania for 12 years. From 1968 to 1970 I was the Commissioner of Family Services for the Pennsylvania Department of Public Welfare where I had responsibility for the administration of Public Assistance, Child Welfare, juvenile delinquency, services for the blind, and the programs provided for under the Older Americans Act.

My testimony today is concerned with 4 elements:

1. The structure of the Administration on Aging, and its place within the Executive branch.
2. The role of the Administration on Aging, particularly as it pertains to Title II of the Older Americans Act.
3. Appropriate functions for the Administration on Aging.
4. Progress on the White House Conference on Aging.

## I. THE STRUCTURE OF THE ADMINISTRATION ON AGING AND ITS PLACE IN THE EXECUTIVE BRANCH

When the Congress passed the Older Americans Act in 1965 creating the Administration on Aging as one of the major organizational units within the Department of Health, Education, and Welfare, it was clear that the Congress intended to create an agency on aging that had stature, potential for impact, and the access to the highest levels of the Executive Branch necessary to help implement the statement of national policy set forth in Title I of the Act. In the interim, the Department of Health, Education, and Welfare has created an administrative device for bringing together related functions through the Social and Rehabilitation Service. The insinuation of this additional level of bureaucracy, however, would have appeared to have been somewhat counterbalanced at least in the case of Administration on Aging by the designation in this Administration of the Commissioner on Aging as a Special Assistant to the President.

In passing the Older Americans Act and amending it since its original authorization, the Congress properly anticipated that the Executive Branch would seize the opportunity given to it by the Congress—the opportunity to put before the American people clear statements about the condition of America's elderly, clear statements about the resources required to improve the quality of life of America's elderly, and clear statements about what is being done for large numbers, and what is being done on experimental and demonstration bases. The Congress gave to the Administration on Aging the potentials for high visibility and to its Commissioner the potentials for accessibility to the Cabinet.

We submit that feelings of disappointment by Congress and others lie less in the structure of the Administration on Aging or its place within the Department of Health, Education and more in the sense of a diminished commitment of the Administration to allocating significant resources in behalf of older people.

Even more than that, however, it appears that there has been a conscious attempt to suggest that progress and additional resource allocation for the elderly can take place only at the expense of children and families, and that progress for the children of this Country must take place at the expense of the elderly. This policy, if accepted, will further polarize and fragment our society. We suggest that we need no more polarization and fragmentation. The family and social groups need to be brought together, not driven apart. An Administration on Aging, a Commission on Aging, any organization on Aging cannot succeed when, for example, older people on low-fixed incomes are put in the position of voting against bond issues for schools for children. We need adequate income for the elderly *and* schools for children.

The development of Health Maintenance Organizations covering families and children should not be developed at the expense of elderly people who today because of inflation and other factors are paying a higher proportion of their total medical expenses than they were when Medicare was first enacted. The enactment of a National Health Insurance Plan does not depend upon further effective reductions in the health benefits accruing to the elderly.

If policy at the highest levels of government, if the resource allocations by the office of management and budget are based upon a youth versus age proposition with youth being favored at the expense of the aged, if this is the fundamental policy, structural change to commission, independent agency, or some other device will not have significant impact. Indeed, the possibility of moving

the Administration on Aging out of Health, Education, and Welfare might free the Department to proceed even further than it has in reducing attention to older people.

Therefore, we suggest that the Administration on Aging remain where it is. However, the Congress should seek and secure from the Secretary and perhaps from the Director of the Office of Management and Budget a clear statement of policy on programs for the aging, particularly in the face of the '71–'72 budget request that reflects a meat-axe approach to programs for the older American.

### II. THE APPROPRIATE ROLE FOR THE ADMINISTRATION ON AGING

For the Administration on Aging to carry out the intent of the Congress by bringing to the attention of the American people the problems and solutions necessary to improve the quality of life of the elderly, the Administration on Aging must have power and influence. In government, power and influence derive from the power to allocate or influence the allocation of resources. The current rash of anxieties over the cuts in the Administration on Aging various budget items is straining at gnats. Titles III, IV, and V of the Older Americans Act are not *the* significant elements in the service, research, and training efforts funded through federal resources in behalf of the elderly. To be sure, we do not like to see these small amounts reduced further. The reductions *suggest*, however, the level of current national commitment to the elderly. The Administration on Aging could have real power and influence if it engaged and had the power to do the following:

1. If the Administration on Aging had the power to evaluate the program of medical assistance for long-term care among the several states and on the basis of that evaluation had the power to grant or deny continued grants-in-aid to the states, it could have a very beneficial impact on the administration of the skilled nursing home care program. In other words, the agency serving as the advocate for older people should have some power to evaluate and control the funds being spent in a major way for older people. This would extend, of course, even to the payments currently being made under the Long Amendments to the Social Security Act which permit Old Age Assistance payments to go to persons in state mental hospitals.
2. If the Administration on Aging had the responsibility for evaluation and the *approval* of state plans for adult s[illegible]rices under Title I of the Social Security Act, it could have a benefici[illegible]ect in those states which have opted for a service program in connectio[illegible]h Old Age Assistance.
3. If the Administration on Aging were [illegible]rged with the publication, on at least a quarterly basis of a series of s[illegible]ments on the true condition of the elderly people in America with empn[illegible]s on the economic, housing, and health-care status and programs designed to alleviate problems, considerable impact could be exerted on the various agencies in Health, Education, and Welfare and elsewhere. This, however, cannot be done without staff and time. It is not sufficient to suggest that this is what the White House Conference is being called for. What is required are a series of regular reports on the income status of the elderly, the housing status of the elderly, the health status of the elderly and so on. Furthermore, the Administration on Aging should be charged with the development of a series of policy alternatives designed to correct the adverse conditions under which so many elderly people are forced to exist. Finally, as part of this effort, the Administration on Aging should be empowered to contract for policy-relevant research, designed to assist it in putting forth viable though imaginative recommendations.

It is the power to exercise control over significantly large programs like those cited above, and the power to disclose and expose that will produce roles for the Administration on Aging that will begin to achieve the results anticipated by the Congress.

### III. HOW SHOULD THE ADMINISTRATION ON AGING FUNCTION?

The Congress anticipated that the Administration on Aging would be an advocate for the older people of the United States. This is the fundamental role that the Administration on Aging should perform. Within this context, the Administration on Aging should be able to carry out necessary studies, have an impact

on the problems of manpower, and develop positions on policy issues. Serious question should be raised about the effectiveness of the Title III Program of service grants and demonstration grants for the States. We would suggest that a demonstration program, particularly of such tiny dimensions as the Administration on Aging Title III Program is not of great significance. We would prefer to see vigorous efforts on the part of the Administration to extend the possibilties inherent in the 1962 and the 1967 service amendments to the Social Security Act to all present, past, and potential Old Age Assistance recipients. We believe that this would make possible the extension of services to as many as 65% of all people 65 and over. A universal service system for the elderly is needed now. We believe it will probably have to be a national system or one established through a system of federal grants-in-aid. The states are not about to extend services to the olderly on a broad basis. A major function for the Administration on Aging must be that of gadfly to the Social Security Administration, the Food and Drug Administration, the Medical Services Administration, the National Institutes of Health, and the Assistance Payments Administration, all of which lie within Health, Education, and Welfare. Periodic reports of the impact of the programs administered by those agencies should be prepared and made public. Even more the Administration on Aging should be empowered to develop new programs for the elderly no matter where they are carried out. We believe that the public, properly informed of current programs and possible alternatives will support proper programs for older people.

IV. THE WHITE HOUSE CONFERENCE ON AGING

The 1971 White House Conference on Aging is proving disappointing on a number of fronts. The Conference is proceeding almost on the same basis as the Conference of a decade ago. We would suggest that the methodology of the 60's is not the methodology for the problems of the 70's. Ten years' later we do not and should not have to ask what the problems of the elderly are, and what is necessary to correct those problems. The states and localities have been handed carefully structured outlines which delineate issues (or avoid them), and specify the level of detail to be furnished. Generally, states and communities are steered away from recommending legislative changes. It would appear that the Conference is aimed for another platitudinous report rather than specific statements ready for legislative enactment.

The involvement of national organizations like our own has been minimal. As of this date, the representatives of national organizations sitting on various task forces have had absolutely no role whatsoever in formulating recommendations, reviewing proposals, testifying, or having any input whatsoever.

The structure of the Conference is such that there is no formal way for national organizations to make recommendations or take positions on what are called the needs-meeting mechanisms such as the conduct of research, the conduct of demonstrations, the development of training programs, and so on. Thus, an organization like the Gerontological Society has no formal ability to participate in the area of its major expertise; namely, research and training, except that it may send in suggestions and recommendations very much like any individual might address his government.

In the Journal, *Aging and Human Development*, Volume 1, Number 1, I've indicated what I regard as the 4 principal fronts on which a White House Conference can and should move.[8] First, the White House Conference on Aging should offer the opportunity for Executive and Legislative policy makers to declare themselves. It is my belief that the success of the White House Conference activities must ultimately be measured in terms of new public policies. Therefore, the involvement of political leadership in ways that will produce policy declarations is critical. Unfortunaely, up until this point, there has been remarkable quiet around the White House Conference on Aging activities.

Second, the White House Conference on Aging should include a substantial investment in special studies which the White House should commission both within and without the federal establishment. We believe that these research studies should be policy-rated and should set the stage for legislation and changes in policy decisions regarding the allocation of federal and non-federal resources. Additional studies by the Social Security Administration on characteristics of beneficiaries that would yield valid data for each state would be important. Research study on the economics of the later years and alternatives to the current

[8] See appendix 2, p. 113.

system which has thrust a third of the elderly below the poverty line are very much in order. Research on the impact of retirement and the importance of developing national retirement policies. Similar questions should be explored in the fields of health, housing, and leisure time. In other words, the White House Conference should have utilized this opportunity for a great deal of policy relevant research. Unfortunately, it did not. A year ago, I suggested that the federal government allocate 25¢ of "new" money per elderly person for each of the next 2 years in an effort to undertake a crash program of research preliminary and essential to sound national policy development. It is not too late to do so, even if we do it as a follow-up to the White House Conference.

Third, this White House Conference to be successful should be a collaborative effort between the Executive and Legislative branches of the federal government. I would have hoped that the planning of activities for the White House Conference would have involved political leadership of the Congress. I would suggest that it is probably still not too late to do so.

Fourth, more than the creation of local committees, community surveys of needs and resources, and local and state-wide conferences, all of which will involve a good many people and give the appearance of something happening, what is needed is careful impact research. We are spending millions of dollars on state mental health programs serving elderly people. What is their impact? What is the impact of present public housing arrangements for the elderly on socialization patterns, health, ability to cope, and so on. What is the impact of the past "202" and the current "236" program? What is the impact of Title III, Title IV, and Title V of the Older Americans Act? What is the impact of Old Age Assistance Funding? What has been the impact of medical assistance serving the elderly and skilled nursing homes, and on, and on, and on.

In summary, we believe that the traditional approaches of White House Conferences in the past are no longer relevant in addressing the problems of older Americans. We feel that there are better techniques that can pinpoint what should be done. We are concerned that the effort and energy being asked of thousands of people in this White House Conference on Aging is misdirected. We believe that the Administration is not unaware that this kind of effort will not produce the ferment and political action necessary to develop new programs in '72, '73, '74, and '75. We are concerned that these activities will not produce much in the way of change.

We hope that that is not what was planned. However, the conscious effort to polarize youth against age, to reduce benefits for the older people, to emasculate the small programs of the Administration on Aging, begin to appear like a major shift to a new policy about the aged in America—a policy apt to produce fear and outrage among those who believe the elderly deserve better.

The CHAIRMAN. You have written this very interesting and provocative article, "The White House Conference on Aging: Will it Fail?" have you not?

Mr. COHEN. Yes.

The CHAIRMAN. I see no reason, if you have no objection, why this article [9] may not be incorporated in the appendix of the hearing record.

Mr. COHEN. I would be very pleased.

### ADMINISTRATION REDUCING ALL TYPES OF AGED FUNDING

The CHAIRMAN. I think that you gentlemen have pointed up that no matter where you look in the present administration, wherever aging programs are involved the amounts of money for aging are being reduced. If it is training, the amount allocated to training programs for aging is being reduced as compared to the amounts allocated to other training fields. If it is research, the amount being allocated to the Administration on Aging is reduced as compared to the amounts being allocated to other groups.

Overall budgets, very minimum and minuscule to start with, are being reduced.

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[9] See appendix 2, p. 114.

I think maybe, Mr. Cohen, you are right when you say a bureaucratic clout in this city depends on the size of the budget. I suppose that is why the Pentagon has such a clout, it has $75 billion a year to spend. You can secure a lot of influence in this country if you have got a pocketbook of $75 billion to dispense.

Obviously, the programs for the aging have not been able to compete at all for the attention that they deserve. We will have to find an answer, this committee will have to find an answer, and we will be looking to you and others who are experts in the field for guidance. I think the task force that has been suggested simply has to be formed and together perhaps we can come up with an answer.

Mr. COHEN. We will be delighted to do everything we can to help.

The CHAIRMAN. I am sure you will, and I appreciate your coming. I appreciate your waiting this morning to give your testimony.

If there are no further questions—obviously there are going to be no further questions because there are no Senators left here to ask them. We will leave the record open if there are any further insertions for the record.

These hearings will continue Monday, Tuesday, and Wednesday of next week before we will complete them, and we will then hear from the Secretary of Health, Education, and Welfare and other spokesmen of the administration later.

Thank you very much for coming, gentlemen.

The hearing is adjourned until 10 o'clock Monday.

(Whereupon, at 1:15 p.m., the joint committees adjourned, to reconvene at 10 a.m., Monday, March 29, 1971.)

# APPENDIXES

## Appendix 1

## LETTERS TO THE CHAIRMAN SUBMITTED FOR THE RECORD [1]

STATE OF MICHIGAN,
COMMISSION ON AGING,
DEPARTMENT OF SOCIAL SERVICES,
*Lansing, Mich. March 4, 1971.*

DEAR SENATOR CHURCH: For the first time in our nation's history, Congress created an office (by Public Law 89–37), to give the older people of this nation a focal point for their concerns within our government.

This law, which created the Administration on Aging, gave older people a voice within the Federal government for the advocacy of programs and legislation which would make the lives of older people more meaningful and secure.

Our society by its overwhelming support for the creation of the Administration on Aging, gave proof that we felt we owed to our older citizens, the right for a meaningful life and an opportunity to enjoy the best that this country can offer—this country that the older generation had contributed to so immeasurably.

Now we are faced with the concern that this advance which we thought was being made—the creation of an office as a focal point for the concerns of older people—is being torn asunder.

Title II of the Older Americans Act (P.L. 89–37) directs, under Section 201, "the establishment within the Department of Health, Education, and Welfare, of an administration to be known as the Administration on Aging." Section 202 of Title II says, "it shall be the duty and function of the administration to (under Section 3) administer the grants provided by this act."

The only interpretation that one can give to this language is that the AoA is charged by the act to administer all grants under the various titles of this act.

However, two titles of the act have been taken over by the Social and Rehabilitation Service Administration of the Department of Health, Education, and Welfare and the Research and Demonstration Division of SRS administers Title IV of the Older Americans Act, and the Training Section of SRS administers Title V of the Older Americans Act.

The National Association of State Units on Aging contends that not only is the will and intent of Congress being disregarded, but actually for any division of the Federal government but the Administration on Aging to administer any title of the Older Americans Act is contrary to the act.

The National Association of State Units on Aging respectfully requests that the Special Committee on Aging of the U.S. Senate, hold hearings to inquire into this matter at its earliest opportunity, and require the Secretary of HEW to act in accordance with the provision of Public Law 89–73, and require the Administration on Aging to administer all titles of this act.

It is the opinion of the NASUA, that unless a stronger leadership role is exercised by the Administration on Aging to prevent its decimation, and its various responsibilities assigned to other sections of the Federal government, that meaningful programs at a national level will cease to exist. Further, that the White House Conference called for by the President in November of this year instead of formulating a national policy for our older population, will be merely "lip service" to the decimation of a program which for the first time in

[1] See Senator Church's remarks, p. 5.

our history was concerned with only one thing—the well-being of our senior citizens.

Sincerely,

CHARLES H. CHASKES,
*President, National Association of State Units on Aging.*

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STATE OF CONNECTICUT,
*Hartford, March 16, 1971.*

DEAR SENATOR CHURCH: I am deeply disturbed about the contemplated Federal action which could affect the lives of thousands of senior citizens in the State of Connecticut. I am referring to the Bureau of Budget's proposed reduction of more than seven million dollars in the 1971–72 budget for the Administration on Aging. The resultant 40% cutback in the funding of community programs for our elderly would seriously impair the progress which we have already made towards serving the needs of Connecticut's 300,000 senior citizens, and it will hamper the effectiveness of projects initiated in the future.

It is my understanding that the proposed budget would allow for greater emphasis on programs such as retired senior volunteers and areawide projects. But this should not justify reductions which will affect community projects in this state that have proven their worth to more than 35,000 elderly persons. 7,000 Connecticut residents have been receiving food sustenance as a direct result of Title III of the Older Americans Act of 1965; 9,000 have been referred to proper agencies for help; 3,000 have received transportation aid and 19,000 have been provided with leisure programs.

In this year of the national White House Conference on Aging, there is a deep concern on my part and on the part of Connecticut's elderly for the direction in which this country will move towards definitive and meaningful programs for our senior citizens. Thousands of older people are voicing their needs at local community White House Conference hearings and forums. Their voices will soon be heard during the national conference in November. In the proposed reduction in Title III community programs is carried out, I have no doubt that many of our elderly and their advocates will seriously question the intent of the administration to provide for the needs of a vital segment of our population.

Sincerely,

THOMAS J. MESKILL, *Governor.*

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES,
COUNCIL ON AGING,
*Olympia, Wash., March 4, 1971.*

DEAR SENATOR CHURCH: I just read of your appointment as Chairman of the Senate Special Committee on Aging and am writing, first of all, to extend my belated congratulations on your appointment to this important post. The files of the Special Committee on Aging will reveal that over the years I have been a fairly steady correspondent with Senator Williams your predecessor.

As Chairman of the State Council on Aging in the state of Washington, I am, of course, happy to have a Senator from our neighboring state of Idaho elected to this important post. I am sure that your many years of service in this field will be of tremendous help in assuming your new position.

I am writing to you also for the purpose of expressing concern about the major cutbacks that the Administration on Aging has suffered in recent weeks. Recent information that I have received indicates that there will be major cuts in Title III funds as well as serious cutbacks in the Foster Grandparent Program. As you so well know, the small grants of Title III funds that we have been able to make available to our communities for the development of special programs have been instrumental in making the lives of our senior citizens so much happier. At a time when we are spending billions for both the war effort and our excursions to the moon, why it is necessary to make major cuts in budgets that are infinitesimal in size?

I am writing to express the hope that as Chairman of the Special Committee on Aging you will do everything within your power to secure the restoration of the cuts that have been made in our funds by the Bureau of the Budget. I will appreciate your reaction to my request and express the hope that something positive can be done between now and the end of this fiscal year.

Cordially yours,

A. A. SMICK,
*Chairman, Washington State Council on Aging.*

DEPARTMENT OF SOCIAL AND HEALTH SERVICES,
COUNCIL ON AGING,
*Olympia, Wash., April 13, 1971.*

DEAR SENATOR CHURCH: I have just finished reading your opening statement to the joint hearing of the United States Senate Special Committee on Aging and the Subcommittee on Aging of the United States Senate Committee on Labor and Public Welfare. I am writing to commend you for this statesman-like presentation covering the needs of the millions of senior citizens who depend on representatives such as yourself for their welfare.

I share your concern about the slashing of nearly four million dollars from the Title III Community Service Programs on Aging. I know of no program that has developed more incentive for self help and done more good in keeping our elderly citizens active and contributing to the community. I only wish that those responsible for making these cuts could visit a few of the senior centers in this State, as well as in others, to get a perspective of the real value derived from the few paltry dollars spent on the programs.

I also share your concern about the cutting back of funding for research and demonstration, as well as the training appropriations.

The Council on Aging in the State of Washington has been looking forward to a real meaningful experience in the development and expansion of our Foster Gradparents' Program. Anyone who has seen what this has meant to the foster grandparents and to the children being served cannot help but be very favorably impressed. In spite of this we find three million dollars trimmed from this budget.

I am writing to add my small voice of protest on behalf of our Council on Aging to the cuts that are being made in these very worthwhile programs. I am also anxious to do anything else I can to convince those in positions of authority regarding the errors that they have made in their decisions. You are free to use this letter in any way you see fit.

Cordially yours,

A. A. SMICK,
*Chairman, Washington State Council on Aging.*

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PROJECT CAFE, FULTON CENTER,
*New York, N.Y., March 23, 1971.*

DEAR SENATOR CHURCH: This is in response to your letter of March 15, which we received on March 22. Because of the lateness of date, I am sending this reply with Mr. Edward Kramer of Henry Street Settlement, who will be attending your hearings on March 25.

1. We are now serving between 125 and 150 persons daily in our program. If funds were available and we could find a convenient outlet, we could probably serve double that number, or 300.

2. The senior citizens of Fulton Center have just been incorporated as a nonprofit cooperative, and this co-op will function as the business management of an ongoing food program. So we will not end when AoA funding ends.

However, the problem is this. Without federal funding, the price of the meal will at least double, if not a little more than double, making it someplace between $1.30 and $1.50 per meal. This, unfortunately, will automatically exclude those who need the service most: those living in furnished rooms, who can't afford a main meal of the day except in places like ours; widows who have no one to cook for them; those whose income is near the poverty level; those on Public Assistance. For these people, we must obtain such subsidies as will keep the meal price at or below 75c.

3. I can speak only for the nutrition committee in Region 1 of New York State. Ed Kramer is chairman of that committee; I am a member of it, as well as of the steering committee of Region 1. And nutritional issues in Region 1 are receiving adequate attention.

Region 1 intends to exchange materials with all other nine regions in New York State, so that, at least on our state level, there will be no chance of bypassing policies which have received majority approval.

As you may be aware, there has been considerable scepticism on the part of all of us as to what might or might not come out of the White House Conference. We are determined that, should it turn out to be a talk conference and not an action one, we will be ready to give the communications media a full report of our recommendations.

Thank you for your continued interest and support. Do let us know if there is more that we can do. I am enclosing two bits of ammunition which you may find of interest, on food stamps [2] and on the economics of funding [3] food programs versus the cost of custodial care.

Sincerely yours,

GERTRUDE W. WAGNER
*Director, CAFE.*

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[2] See Changes in Food Stamp Program, appendix 2, p. 109.
[3] See Penny Wise and Pound Foolish, appendix 2, p. 109.

## Appendix 2

# ADDITIONAL MATERIAL FROM WITNESSES

### ITEM 1. DOCUMENT OF NEEDS OF SENOR CITIZENS, SUBMITTED BY MAE B. PHILLIPS[4]

On January 25, 1968, representatives of 35 senior citizens' clubs met at All Souls Unitarian Church to discuss their common needs. Subsequently two workshops were held during February and March; that on transportation at the Le-Droit Apartments for Senior Citizens, and that on leadership at Barney Neighborhood House. A further meeting of representatives of senior citizens' clubs was held on March 28th at Barney House, at which time the report of the Transportation Committee was discussed and the Chairman of the Public Service Commission and the Metropolitan Transit Authority addressed the assembly. The report on the leadership workshop resulted in the establishment of the Senior Citizens' Clearing House Committee for the District of Columbia. This committee was established by concerned senior citizens to serve as a clearing house for the needs and suggestions of senior citizens and their organizations.

This committee, representatives of senior clubs, has compiled the following list of needs of the senior citizens of this city. This list is by no means exclusive, but it does present our most urgent needs.

1. *Multi-purpose Senior Citizens Center, with Regional Satellite Centers*

A Senior Center can serve as a bridge to the community; to participate in senior center action means to participate in life of the community, since the center provides opportunities for the older person to feel wanted and valued as a part of that community, and to help generate a desire to contribute to that community.

We feel that such a center should provide opportunities for older persons to relate to one another and their community through such services as crafts and hobbies, active and passive recreation, adult education, counseling services, health clinic, auditorium, cafeteria, chapel, etc., to meet the needs of all senior citizens. The main center should be centrally located; we recommend use of land which has been scheduled for rebuiding due to the recent disorder in the city. Satellite centers should be located in other areas where there is a relatively high concentration of senior citizens. The building should be designed for the use of older persons, e.g., preferably on one floor, with hand railings, ramps instead of stairs, well lighted, etc. Employment positions in the center should be given senior citizens in so far as possible.

2. *Transportation*

D.C. Government vehicles such as carry-alls, station wagons and buses, should be released for the use of senior citizens clubs to provide transportation to and from such centers, for the purposes of shopping, travel to and from special events and clinics. These vehicles could be utilized during evening hours and on weekends when the governmental agencies are closed and/or when these vehicles are not in use.

3. *Employment*

Many persons are forced into involuntary retirement arbitrarily because of age, and are thus deprived not only of needed income, but also of the opportunity for necessary social relationships. While recognizing that not all senior citizens need or desire employment, some find it necessary. Therefore, we strongly recommend that our city government set the example by continuing to employ persons beyond retirement at full salary, and further exercise leadership in recommending this policy to private businesses and industries.

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[4] See statement, p. 38.

4. *Old Age Assistance*

For senior citizens receiving OAA benefits, the recent increase in Social Security benefits has been wiped out because of a corresponding reduction in OAA. The 1967 Social Security Amendment authorizes States to disregard up to $7.50 a month of income in calculating OAA benefits. We strongly recommend that the District of Columbia adopt this provision immediately; we believe this deprivation of additional income is a gross injustice to our city's poorest elderly citizens. We further recommend that the elderly poor be given special consideration by providing that they be allotted the highest benefit under OAA, and that this benefit be maintained regardless of what little extra income they may be able to receive or earn.

5. *Housing for the Elderly*

We strongly recommend that the Government of the District of Columbia make every effort to insure that elderly persons will be able to remain in their own homes or apartments so long as they desire, by providing the following:

(a) New housing units for senior citizens to be built immediately with the recommendation that land scheduled for rebuilding due to the recent disorder be utilized. This is imperative, since the present waiting list of National Capital Housing Authority numbers 1,298 individual elderly and 187 elderly couples.

(b) Rent subsidies for elderly persons, or at least some means of alleviating the high rent payment demanded of the elderly poor, who, after payment of rent, have so little income remaining, that adequate food and clothing are often lacking. We strongly object to the deprivation of increased Social Security Benefits by the "automatic" increases in rent payments.

We strongly recommend a greatly strengthened program of foster home care for elderly persons who have been released from mental hospitals; that such homes be properly licensed in accord with proper standards and that such standards be strictly enforced. We believe that these elderly persons have a right to share in the life of the community and to live in dignity.

Senior Citizens are a significant segment of the population of the District of Columbia. Therefore, we feel a great need to have representation at the city government level with whom we could easily identify. We recommend establishment of an Office of Commissioner for Aging as well as a Commission on Aging which would be either elected or appointed.

6. *Nursing Homes*

Although we believe that the elderly person's own home or apartment is the best place for living in dignity, we also recognize that some will inevitably require special nursing home care. Therefore, we strongly recommend that the Government of the District of Columbia investigate the high cost of Nursing Home care, and that proper standards for buildings and training of staff be established that will insure a dignified way of life for those finding it necessary to seek such care.

Finally, we, the senior citizens of the District of Columbia, do hereby express our high regard for our city government and hope that our suggestions will be so regarded and fully implemented.

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## ITEM 2. REPORT FROM GOLDEN DINERS CLUB, SUBMITTED BY RUTH C. BRAVER[5]

THE GOLDEN VOICE

MARCH 1971.

HEALTH SERVICES

Arrangements are now being made for educational programs from the Chicago Heart Association and also for Glaucoma Testing from the Illinois Society for the Prevention of Blindness.

During the month of February, the Chicago Board of Health gave free diabetes tests to four Golden Diners Clubs. One more test is to be given on March 16th at the Deborah Boys Club, 3401 West Ainslie.

This test is designed to find people who are "hidden diabetics". People who know they are diabetics cannot take this test.

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[5] See statement, p. 65.

The Chicago Nutrition Program is most grateful to the Chicago Board of Health for the opportunity to offer this test to its participants. To date, more than 175 older adults have been tested through this cooperative effort.

CANCER PREVENTION CENTER

The George and Anna Porter Cancer Prevention Center of Chicago, Inc., 33 West Huron Street, has two related purposes:

1. To conduct a health-education program informing the public of the early signs of cancer and other illnesses.
2. To detect cancer and other illnesses at early stages through physical examination, laboratory studies and X-ray.

The policy of the Center has always been to accept only those persons who are in good health and not currently under a physician's care. In this way, the Center practices a "preventive" type of medicine by warning you of anything which could affect your well being in the future.

The examination takes about three hours and consists of tests designed to:

1. Discover illness in an apparently well person.
2. Present to your physician a medical report which he may use when you consult him.

The normal cost of this examination is $40. Arrangements have been made with the Center for the fee to be reduced to $10 for participants in our program. If a person is unable to pay the $10, please contact your District Group Worker.

We urge all of our participants to take advantage of this reduced rate and take this examination. Any person who has an illness discovered in its early stage, stands a far better chance than if the illness is left undetected.

If you are interested in this examination, please fill out the form below and give it to your Elderly Group Aide or District Group Worker.

Name: _____
Address: _____
Site: _____
Telephone Number: _____

LEGISLATION

Legislation regarding nutritional services for the elderly has been re-introduced to Congress.

House Bill #5019 will add to the Older Americans Act of 1965, grants to States for the establishment, maintenance, operation and expansion of low-cost meal programs and other supportive services.

Your Congressional Representatives and Senators should be contacted. The more letters they receive which support this Bill, the more likely it is that they will work for its passage. If you have any doubt as to who are your elected Representatives, ask your District Group Worker.

We will keep you informed of any new legislation concerning the elderly as it is introduced.

ESCAPING FIRES

We all read about fires daily in the newspaper. Have you ever stopped to think about what you would do if caught in a fire? Please study the following five steps to fire safety carefully. Also pay close attention to the four methods of putting out fires.

1. Plan an escape route from your room and home.
2. Practice using this route.
3. Work out an alternate route—just in case.
4. Close your bedroom door before going to sleep. If a fire should break out elsewhere in the house, the closed door may keep flames, gases, or smoke away long enough for rescue to reach you. Flames terrify, but gas is the greatest danger in fire.
5. Never open a hot door. If you smell smoke or think there is a fire in the house, touch test the inside of your door. If it is hot, don't open it. Go to the window and wait for rescue there.

HOW TO PUT OUT FIRES

1. Fire from grease—
   Smother flames with soda and then cover pan with a lid. For a grease fire in the oven, close the oven door and turn off the oven.

2. Fire from electricity—
Unplug or shut off your electricity. If the plug is pulled, it is safe to use water.
3. Fire from coal or wood—
Cover the fire with water.
4. Fire from kerosene or gasoline—
If it is a small fire, smother it with soda, sand or dirt. For a larger fire, get away from it and call the Fire Department.

Keep dry chemicals or a carbon dioxide extinguisher in your home for use on electrical or gas fires.

U.S.D.A. ANNOUNCES CHANGES IN RETAIL FOOD STAMP RULES TO SPEED SHOPPING

Two Food Stamp Program changes to speed retail transactions for food stamp users, grocers, and other shoppers in stores which accept food stamps have been announced by the U.S. Department of Agriculture.

Revised program regulations will:

1. Permit up to 49 cents change in food stamp transactions.
2. Allow payments of deposits on bottles or other containers of eligible foods, to be made with food stamps.

Officials of the U.S.D.A.'s Food and Nutrition Service said the revisions came as a result of recommendations from both food stamp recipients and the food retailing industry.

Revised regulations spelling out the new procedures were effective upon publication in the Federal Register Wednesday December 30th.

With the initial issuance of $5 coupons now being made across the nation, FNS officials also announced that the program regulations governing the use of $2 coupons apply to the $5 coupons. Two dollar and $5 coupons should be detached from the book of coupons by the customer only at the time of purchase. Loose $2 or $5 coupons cannot be accepted nor can loose $2 coupons be returned to the customer as change.

MEALTIME MANUAL FOR THE AGED AND HANDICAPPED:*

"Every homemaker wants to streamline tedious jobs, but for those with physical handicaps, safe shortcuts are essential." This book is concerned with meal preparation problems of the elderly and the handicapped. It contains a wealth of useful information and imaginative ideas to save time and energy in the daily tasks of meal preparation. This manual is the result of a two-year research project at the Institute of Rehabilitation Medicine at New York University Medical Center, made possible by a Grant from the Campbell Soup Fund.

The research focused on the packaging and use of convenience foods and the design and use of small appliances. Also included in the manual are sound tips on proper nutrition, easy to prepare recipes, and kitchen-tested preparation techniques which add to its usefulness.

The many creative ideas and suggestions can help the elderly and the homemaker with poor coordination, arthritis, weakness in the upper extremities, and one hand. Special sections direct assistance to those who use wheelchairs, are upper extremity amputees or are homemakers with poor vision.

This remarkable book with its easy-to-wipe cover and spiral binding is written for the elderly and the disabled who want to independently care for themselves and their families. The references listed in the Appendix include organizations and agencies offering information and help, addresses and sources for kitchen equipment and tools, and helpful cookbooks and meal planning references.

*Compiled by the Institute of Rehabilitation Medicine, New York University Medical Center. New York: Essandess Special Editions, Division of Simon & Shuster, Inc., 1970, 242 pp., $2.00.

### MARCH FOOD BARGAINS

According to the U.S. Department of Agriculture, peanuts, oranges and orange juice, grapefruit, potatoes, prunes, canned peaches, pork and eggs are the plentiful foods for March and are available to you at lower prices.

### THE COST PER SERVING IS YOUR BEST GUIDE

It is advisable to judge meat values, and of course poultry and fish, according to cost per serving, rather than price per pound. However, in order to make this evaluation, a guide to servings per pound given by particular cuts of meat is needed. The following list may be helpful to you. A serving is about 2 to 3 ounces edible cooked meat, with cooking shrinkage accounted for.

*Five or more servings per pound*

Fully-cooked boneless ham, heart, liver, kidneys, frankfurters, luncheon meat and ready-to-serve sausage, canned tuna and salmon, veal cutlets, shelled and deveined shrimps, canadian bacon.

*Four servings per pound*

Ground meats, round steak, stew meat, center-cut ham slices with round bone, frozen boneless fish fillets, cubed steaks, flank steak, boneless smoked pork shoulder butt.

*Three servings per pound*

Beef rolled rump roast, sirloin tip roast, rolled rib roast, high-fat ground beef, center-cut pork chops, pork shoulder arm chops, bone-in cooked ham, chicken breasts, veal chops with bone, lamb chops.

*Two and a half servings per pound*

Chicken legs and thighs, boneless beef steaks for broiling, leg of lamb roast, pork blade steak, center-cut pork roast, fresh ham roast, cook-before-eating bone-in ham, round bone beef chuck roast.

*Two servings per pound*

Beef blade chuck roast and steak, standing rib roast, sirloin steak, bone-in pork boston butt, bone-in picnic, lamb shoulder roast with bone, whole chicken, beef porterhouse and rib steaks.

*One to one and a half servings per pound*

Pork spareribs, lamb and veal breast, lamb shank, beef short ribs, turkey.

### DINERS CLUB CHATTER

Did you know that . . .

*Captain's Table Restaurant* is now serving on Mondays only.

New Golden Diners Clubs were opened at the *Greenview Apartments*, 847 North Greenview, the *Amalgamated Clothing Workers Building*, 333 South Ashland, and at the *Schiller Apartments*, 2020 West Schiller. Consult the Golden Diners Club location list, at the end of the Newsletter, for the days and time of service at these new locations.

*Helpful household hints*

If keeping your rug swept and clean is a problem, you might think about purchasing a child's carpet sweeper and rug shampooer. These items have an extension on the handle which can be adjusted for your height. They are easier to handle, take up little storage area and are lower in price than the regular size models.

GOLDEN DINERS CLUBS LOCATIONS

| Days and time of service | Golden Diners Club | Address |
|---|---|---|
| Monday; 12 noon | Amalgamated Clothing Workers | 333 South Ashland. |
| Monday through Friday; 11:30 a.m | Armour Square Senior Center | 2146 South Wentworth. |
| Tuesday; 1 p.m | Beacon House | 1444 South Ashland. |
| Wednesday, Thursday; 12 noon | do | |
| Tuesday, Wednesday, Thursday; 12 noon | Hattie Callner | 855 West Aldine. |
| Tuesday, Thursday, Friday; 12 noon | Chicago Housing Authority | 655 West 65th St. |
| Monday, Wednesday, Friday; 5 p.m | do | 5040 North Kenmore. |
| Do | do | 440 North Drake. |
| Monday, Wednesday, Friday; 12 noon | do | 2111 North Halsted. |
| Tuesday, Wednesday, Friday; 11 a.m | do | 4930 South Langley. |
| Tuesday, Thursday, Friday; 12 noon | do | 6360 South Minerva. |
| Monday through Friday; 12 noon | Conrad Senior Center | 2717 North Leavitt. |
| Tuesday, Wednesday; 11:30 a.m | Dorothy Frasor Senior Center | 1358 West 51st St. |
| Monday, Wednesday, Thursday; 12 noon | Eckhart Park Apartments | 838 North Noble. |
| Monday through Friday; 12 noon | Flannery Senior Center | 1507 North Claybourn. |
| Wednesday, Thursday; 12 noon | Garfield Park Apartments | 3700 West Congress. |
| Monday, Wednesday, Friday; 12 noon | Green Senior Center | 2838 North Pine Grove. |
| Tuesday, Friday; 12 noon | Greenview Apartments | 847 North Greenview. |
| Monday, Tuesday Wednesday; 12 noon | Halsted Urban Progress Center | 1935 South Halsted. |
| Monday through Friday; 12 noon | Harbor Light Center | 654 West Madison. |
| Monday, Wednesday; 1 p.m | Immaculate Heart of Mary Chruch | 3824 North Spaulding. |
| Tuesday, Wednesday, Friday; 12 noon | Li-La-U | 3920 North Clark. |
| Monday, Tuesday, Friday; 12 noon | Lincoln-Sheffield Building | 2640 North Sheffield. |
| Tuesday, Wednesday; 12 noon | Max Straus Senior Center | 3401 West Ainslie. |
| Wednesday; 11:30 a.m | Odgen Hill Senior Center | 1910 West 64th St. |
| Tuesday, Thursday; 12 noon | Parkview Apartments | 3916 West Washington. |
| Monday through Friday; 1 p.m | Parkway Senior Center | 661 East 69th St. |
| Monday; 1 p.m | Rogers Park-Captain's Table Restaurant | 7030 North Clark. |
| Monday, Tuesday, Friday; 12 noon | Schiller Apartments | 2020 West Schiller. |
| Monday through Friday; 12 noon | Slater Senior Center | 4218 South Cottage Grove. |
| Monday, Wednesday, Thursday; 4 p.m | St. Michael's Church | 1614 St. Michael's Ct. |
| Monday through Friday; 12 noon | Sullivan Senior Center | 1633 West Madison. |
| Tuesday, Wednesday, Thursday; 12 noon | Trumbull Park Community Center | 10530 South Oglesby Ave. |
| Wednesday, Thurdsay; 12 noon | Wicker Park Apartments | 1414 North Damen. |

## ITEM. 3. CONFERENCE RESOLUTION, COOK COMMUNITY WHITE HOUSE CONFERENCE ON AGING, SUBMITTED BY RUTH C. BRAVER

This resolution was adopted in full by Delegates of the Sections on Education, Health, Income and Personal Adjustment, and in principle by the Delegates of the Section on Housing, meeting at the Hotel LaSalle, Chicago, on Thursday, April 15, 1971.

Presented to the Plenary Session of the Delegates to the Cook County Community White House Conference on Aging, meeting at Hermann Hall, Illinois Institute of Technology, Chicago, on Friday, April 16, 1971, this resolution was adopted unanimously by the Conference.

RESOLUTION

COOK COUNTY COMMUNITY WHITE HOUSE CONFERENCE ON AGING, APRIL 15, AND 16, 1971, CHICAGO, ILLINOIS

The Cook County Community White House Conference on Aging recommends that the Administration on Aging of the U.S. Department of Health, Education, and Welfare, accept as its charge, immediate implementation of all policy recommendations emanating from the 1971 White House Conference on Aging through the means provided for it by the policy recommendations which follow.

It is recommended that the Congress and the President of the United States give immediate priority to the restructuring of the Administration on Aging and its establishment as an independent, effective advocate agency for the elderly, at cabinet level, and therefore directly related to the executive office of the President, with:

1. responsibility of developing workable minimum standards for representation and inclusion of the elderly in the planning and priorities setting of other federal agencies, including the Department of Health, Education, and Welfare, the Department of Housing and Urban Development, the Department of Labor, the Department of Agriculture, the Office of Economic Opportunity and all federal agencies with age comprehensive responsibilities,

2. powers to review other federal agencies priorities and budgetary plans to insure that the elderly are represented and served according to their needs and number.

3. powers to require these federal agencies to meet established minimum standards.

4. powers to administer such programs as have already been developed or proposed in the Older Americans Act, and to expand them, and

5. restitution under its own direct control of all titles of the Older Americans Act, including research and demonstration programs.

It is further recommended that concurrent with restructuring of the Administration on Aging and its establishment at cabinet level as an independent agency, the agency be funded and staffed to permit it to perform all of its basic functions effectively.

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## ITEM 4. REPORTS SUBMITTED BY EDWARD J. KRAMER[6]

Distinguished members of Congress: As we are assembled here today a real tragedy is about to occur for hundreds of elderly people on the Lower East Side of New York City, as well as for thousand of others in similar programs outside this neighborhood and throughout the United States.

The Good Companions of Henry Street Settlement, who have graciously shared their daily luncheon meal with each other, are faced with the extinction of their luncheon program which has been a major source of their physical and emotional strength and vitality for the past three years.

Before the Good Companions luncheon program was launched, as a federal research-demonstration project, many people in the program did not eat any proper meals at all. They did not want to eat alone. Or they were unable to prepare their own meals. Or mealtimes slipped by unnoticed and they lived on tea and toast.

Thanks to the luncheon program, however, the Good Companions have been able to enjoy hot, nutritious meals each day in pleasant company. Furthermore, they have enjoyed running this luncheon program themselves, preparing more than 150 meals a day and charging fellow-members 60 cents for their lunch. A price they could afford since they exist on incomes of approximately $1200 per year.

And as for the less fortunate members who have been unable to leave their apartments, the Good Companions have volunteered to bring lunch to their homes each day and to do their marketing and other necessary chores as well.

Also, let me point out that the Good Companions also take an active part in Settlement activities including art and pottery, music, dance, drama, and in lectures and discussion groups. This gives them a chance to be with people of *all* ages, to talk with teenagers in the TV repair workshop, for instance, or with middle-aged people in the sewing and woodworking shops.

In short, the Good Companions program has given its members a zest and a purpose for living in, a place to go, people to be with—and the nutrition they need to carry on these activities. No wonder these people have been political activists too. They realize that they must fight for legislation to keep their program alive. And today, I am here because they want you to join them in that fight.

Next month, funding for the Good Companions luncheon program and approximately 20 other similar programs will end. The nationwide project was financed by the Administration on the Aging of the U.S. Department of Health, Education and Welfare under Title IV of the Older Americans Act. Without a doubt, this study has proved that this sort of program results in improved mental and physical health and succeeds in keeping elderly people out of hospitals and nursing homes.

Certainly, a look at the Good Companions program bears out these findings. Members are in relatively good health, and those who are homebound can remain self-sufficient thanks to the assistance of their fellow-members. Furthermore, although most members live alone, they do not feel isolated, lonely or unwanted. On the contrary, they are totally involved in personal, social, community and political activity.

From both a social and moral point of view, the government should be fulfilling its responsibility to elder Americans of all races by providing continuing support

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[6] See statement, p. 69.

for programs such as this one. Even from an economic standpoint, this support makes sense. Obviously, it must cost the government much more to provide extended nursing care or hospitalization than it does to subsidize a luncheon program.

LUNCH AND NUTRITION DEMONSTRATION PROJECT

THE GOOD COMPANIONS—HENRY STREET SETTLEMENT

ANNUAL FISCAL REVIEW OF LUNCHEON SERVICE—JANUARY 1970–DECEMBER 1970

(Eleven months of food service)

(Prepared by Wayne Goldberg, Director of Evaluation)

(Prepared for Edward J. Kramer, Director, Services to the Elderly)

MARCH 1970

ATTENDANCE

During the eleven service months in 1970, a total of 25,924 lunches were consumed. This comes to an average daily consumption of 121 lunches for each of the 215 service days in 1970. Table 1 presents the number of meals and proportion of total meals served in each of the categories. The meals are broken down into: 1) In-center; 2) Homebound; 3) Weekend; 4) Mealtime Companions; 5) Kitchen Aides; 6) Staff; and 7) Guest meals.

TABLE 1.—CATEGORIES OF MEAL CONSUMPTION

| Category | Number of meals | Percent of total |
|---|---|---|
| In-center | 15,278 | 58.9 |
| Homebound | 4,899 | 18.9 |
| Kitchen aides | 2,477 | 9.6 |
| Weekend | 2,112 | 8.1 |
| Staff | 506 | 2.0 |
| Mealtime companions | 462 | 1.8 |
| Guests | 189 | .7 |
| Total | 25,924 | 100.0 |

The greatest proportion of meals (about 6 out of 10 meals) is served in the In-center category, followed by the Homebounds (about 2 out of 10 meals). The categories of Weekend and Kitchen Aides comsumption also contribute significantly to the total (each about 1 out of 10 meals).

The In-center and Mealtime Companions meals sell for 50¢, Homebound and Weekend meals sell for 60¢, Staff and Guest meals sell for 75¢, while Kitchen Aide meals are given at no charge.

COST OF FOOD AND SUPPLIES

Records are kept of the amount spent in each category of expenditure for food and other supplies and services. This data is presented in Table 2, along with the proportion of total expenditure accounted by each category. It is found that food costs account for about nine-tenths of the total food and supplies costs, with meat and poultry accounting for 43.7% of the expenses.

TABLE 2.—FOOD AND SUPPLIES EXPENDITURES

| Category | Amount spent | Percent of total |
|---|---|---|
| Meat and poultry | $6,875.14 | 43.7 |
| Groceries | 3,442.83 | 21.9 |
| Baked goods | 1,264.99 | 8.0 |
| Fish | 1,013.20 | 6.4 |
| Fruits and vegetables | 980.10 | 6.2 |
| Milk (nondairy) products | 452.14 | 2.9 |
| Eggs | 64.86 | 0.4 |
| Subtotal of foodstuffs | 14,093.26 | 89.5 |
| Packaging materials | 655.13 | 4.2 |
| Paper goods | 496.83 | 3.2 |
| Cleaning supplies | 284.89 | 1.8 |
| Laundry | 211.96 | 1.3 |
| Subtotal of supplies | 1,648.81 | 10.5 |
| Total | 15,751.77 | 100.0 |

SUMMARY

Even through strenuous efforts are made to keep the costs low, they still exceed the income obtained from participants. The total cost per meal is 60.8 cents, with foodstuffs accounting for 54.4 cents and supplies accounting for 6.4 cents of the total cost. This compares with a per capita income of 47.0 cents on each of the 25,924 meals, yielding a per-capita deficit of 13.8 cents. In dollar terms, the income of $12,183.62, as compared with the costs of $15751.75, yields an annual deficit for 1970 of $3,568.15.

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## ITEM 5. CHANGES IN THE FOOD STAMP PROGRAM WHICH WOULD BENEFIT LOW COST MEAL PROJECTS, SUBMITTED BY EDWARD J. KRAMER FOR GERTRUDE W. WAGNER[7]

1. Homebound persons are now permitted to use food stamps as payment for home delivered meals only if no surplus commodities are used in preparing the meals. Removal of this restriction is imperative and would benefit both project and homebound person.
2. At present, persons on Public Assistance but without cooking facilities are not permitted to receive food stamps. Since many such people must depend on low cost group meal programs, they should be permitted both to receive food stamps and to use them in payment for such meals.

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## ITEM 6. PENNY WISE AND POUND FOOLISH, SUBMITTED BY EDWARD J. KRAMER FOR GERTRUDE W. WAGNER[8]

THE COLD FINANCIAL FACTS RELATED TO THE COST OF SUBSIDIZING MEALS FOR THE ELDERLY IN A GROUP SETTING AND/OR DELIVERING HOMEBOUND MEALS, THEREBY KEEPING RECIPIENTS AS A PART OF THEIR COMMUNITY VS. THE COST OF CUSTODIAL CARE

Few indeed will not agree that one of the last things senior citizens want is custodial care. However inadequate their home situation may be, they cling to it with an almost desperate tenacity. Removed from it and placed in custodial residence, they give up hope. They feel they have reached "the end of the line".

However, let us for the purpose of this discussion put aside the humanitarian aspect of maintaining the elderly in their home settings. Let us rather examine it solely from the angle of cost to the taxpayer. We will consider three different individuals, whose circumstances are representative of the majority of senior citizens who would participate in subsidized meal programs. And we will suppose that the government is subsidizing 50% of the $1.30 meal cost, the other 50% being paid for by the participants themselves.

[7] See letter, appendix 1, p. 100.
[8] See letter, appendix 1, p. 100.

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The figures which follow are based on New York City costs, and while living and custodial costs vary from city to rural, state to state, etc., I suggest that the relationship of the cost of community living versus custodial care probably does not vary greatly from one location to another.

A. A single person on Public Assistance with no other income. The public funds needed to maintain such a person in his or her community are welfare payments for rent and allowance, food stamp subsidy, and group meal subsidy for the main meal of the day, five days a week. All figures are computed on a monthly basis, with the group meals being served an average of 22 days per month.

| | |
|---|---|
| Rent | $60.00 |
| Allowance | 84.00 |
| Food stamp subsidy | 10.00 |
| Group meal subsidy | 14.30 |
| Total | 168.30 |

Compare this total burden to taxpayer with the minimum amount for a month of custodial care, $750.00, and you will see that the savings to the taxpayer is $581.70.

B. Let's say this person is the typical recipient of a $69.70 per month Social Security payment. This, except for $7.00, would be subtracted from the welfare allowance, leaving the following sums to be drawn from the taxpayer's funds:

| | |
|---|---|
| Rent | $60.00 |
| Allowance | 21.30 |
| Food stamp subsidy | 10.00 |
| Group meal subsidy | 14.30 |
| Total | 105.60 |

In this instance, the monthly savings to the taxpayer, over custodial care, is $644.40.

C. This person has a $1500.00 savings account and her monthly Social Security income is $139.40. Say that she also has a son who helps with the rent, perhaps 50% or $30.00 per month. So this person's total income is $169.40, and her only use of taxpayer's money is as follows:

| | |
|---|---|
| Food stamp subsidy | $10.00 |
| Group meal subsidy | 14.30 |
| Total | 24.30 |

When this person goes into custodial care, her savings will be exhausted in less than three months, and then the taxpayer takes over the $750.00 per month burden.

There is no question but that tax money is saved by helping to keep these individuals in their own homes, both by having the main meal of the day available in a group meal setting and then, when increasing immobility or failing strength confines them, by having meals sent in.

And even if a part time housekeeper or homemaker is needed, it couldn't add more than $100.00 to the total, making the monthly tax cost between $125.00 and $270.00, which at its highest is little more than a third the cost of custodial care.

Finally, it seems appropriate here to state that the senior citizens may very well still be taxpayers, and have been such for more years than any other segment of society.

Have I made my point clear? When government at any level says "We can't afford to fund 50% of the cost of these meal programs, they are truly being "penny wise and pound foolish."

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## ITEM. 7. SUPPLEMENTAL INFORMATION SUBMITTED BY REGINA FANNIN[9]

BLUEGRASS OF APPALACHIA,
*Olive Hill, Ky., April 27, 1971.*

DEAR SENATOR CHURCH: In response to the question of the number of participants served, the Country Gathering program is currently serving 250 persons

[9] See statement, p. 74.

each week with an enrollment of over 500. Approximately one-half of those enrolled attend irregular, due primarily to health and/or transportation problems. We are also serving meals to fifty homebound individuals.

How many more could be served if funds were made available? With some slight alternatives in the present method of operations, increased staff time for the assistants (from part-time to full-time), and an increase of $5,000 per year, this project could serve more than three times the present number.

Question II. "If AoA funding is terminated what will be done to continue a program for those you now serve? If the project is not continued, what will be the effect upon those persons?"

I have tried to secure funds from various sources, as I testified before your committee on March 25, but without favorable response—"not enough funds for current projects," "no funds available at his time," "a worthy cause, much needed, but I'm sorry we have no funds," etc. Since I am from a rural area, and a poor one, sources of money for any cause is almost nil. The usual local funding sources, i.e., city and county governments, church and civic groups, just do not have operating monies for their current project much less be able to assist a new one in a monetary manner. I have been able to secure space and equipment but no operating monies. The State Commission on Aging is unable to assist.

While in Washington, I visited Senators Cooper and Cook and participated in a news conference with Senator Percy and other AoA project directors, all of whom will support some immediate legislation for the nutrition projects. I would like also to say that Congressman Carl D. Perkins assured me he would help secure funds from O.E.O. to continue Country Gathering. The project is the only one in the six county area for older persons. The participants benefit in many ways other than the food they receive, which in many cases is the only meal of the day. Should the project terminate many would revert to their former isolated existence (due in large part to transportation problems and declining health) just waiting for time to pass, in many respects worse than before because now they know that their lives could be different. Others will keep in contact, by phone with friends they have made. Some will eat better due to the learning process, while others won't due to the cost involved, the energy required to prepare food, the lack of facilities and the undesirable habit of eating alone. Some of those receiving homebound meals will have to have someone to live with or be moved to a rest home, which isn't very probable since there are only three in the entire area, and only a few could afford, or would desire, to go if space were ample.

Question III. "Are nutritional issues receiving adequate attention in the planning for the White House Conference on Aging? If not, what more should be done?"

After having worked in several community forums (which many did not understand) and in two regional conferences during April, I must say that I do not feel that the broad spectrum of nutrition is receiving proper attention at the local levels. The problem is too often assumed to be only a monetary matter and many fail to admit that a problem exists, except in extreme cases. It is hoped that the State Conference will have broad representation of concerned persons that will gain some direction to the issues that affect the nutritional well-being of the elderly.

I should like to include copies of letters from Dr. John Gaus, Morehead State University and Mr. Bill Mullen, Daniel Boone Nursing Home, indicating involvement of Country Gathering members with thes institutes.

Thank you very much for permitting me to bring to your attention the plight of the project. If I can be of any further assistance, please don't hesitate to contact me.

Sincerely yours,

(Mrs.) Regina Fannin.

[Enclosures]

Exhibit 1

Morehead State University,
Institute on the Aging,
*Morehead, Ky., April 23, 1971.*

Dear Mrs. Fannin: As additional information for you to report to Senator Frank Church and his committee in Washington concerning the cooperative roles

that have been played by the Institute on the Aging, Morehead State University with your program, I list the following:

1. Extension classes taught by Morehead faculty to the elderly in Northeastern Kentucky: Professor George T. Young taught four sessions of Kentucky History in both Elliott and Lewis Counties, and will also repeat this in Carter County. Dr. M .K. Thomas taught four sessions of World Religions in Carter County and Rowan County. Dr. Rex Chaney and Professor Carl Stout shared responsibilities for four sessions for Recreational Arts and Crafts in Lewis County and Carter County in your area and also with groups of elderly citizens in Bath, Fleming, Menifee, and Montgomery Counties.

2. Under the William Caudill Fellowship Program, an average of three elderly students per semester have been enrolled for classwork on our campus at no cost to themselves.

3. White House Community Conferences. Institute staff have played major roles in planning and carrying through the three regional conferences in Northeastern Kentucky: Buffalo Trace area at Maysville, Fivco area at Grayson, and the Gateway area at Owingsville.

4. Radio. Under the Adult Radio Program conducted during the last year, the University radio station, in cooperation with four other local radio stations presented the following program series designed and planned in conjuction with the elderly for them: Our Past and Present, Our American Heritage, Adventures in Maturity, Learning About Ourselves, The Real Eastern Kentucky, Enjoyment of Music, Great Lives After Sixty-five, American Folk Tales, and Science in Man's World. These programs were also aired over an additional fifteen stations in Kentucky.

5. Referral Service. As the Senior Information and Referral Service of the University moves from low gear to high gear, the elderly in a fifteen county region will have one toll-free telephone number to call in order to find out precisely which institution or agency can help them with their specific problems.

I trust this information will be helpful for you.

Cordially yours,

JOHN E. GAUS,
*Director, Institute on the Aging*

Exhibit 2

DANIEL BOONE NURSING HOME
*Morehead, Ky., April 23, 1971.*

Subject: Country Gathering, Ceramics Class.

DEAR MRS. FANNIN: Pursuant to the above subject class being held once a week at the Daniel Boone Convalescent Center, for the aging of our community and surrounding counties, may we take this opportunity to express our appreciation for the privilege of participating.

During the three years that the nursing home has been admitting patients, needless to say, we have encountered some fantastic ideas connected with nursing homes. Many of the potential patients have made the statement that they would rather be dead than be admitted to the nursing home. A large percentage of our senior citizens, in the area we service, feel that a nursing home is a dark, gloomy, dreary, forsaken place where you are taken to die after having served out their useful years. They seem to feel they will not be loved, cared for, or fed adequately. We feel we have a very much needed service to offer the community and surrounding counties and would like very much to have this image altered.

Within the last two weeks we have been very happy to see some of our patients intermingle with the group that has been participating from your institution. We are also very happy to have any senior citizen visit our facility and get for themselves a true picture of the type of service we wish to offer.

If we are able to continue some type of activity involving both our patients and your senior citizens, who may be considered potential patients, for a longer period of time, we may in some way help to involve, educate, and hopefully change the image of a Kentucky Nursing Home.

Thank you for the opportunity of working with your group.

Sincerely,

BILL MULLEN, *Administrator.*

## ITEM 8. SUPPLEMENTARY STATEMENT OF ELIAS S. COHEN [10]

Recent reports by the Special Committee on Aging have pointed out the need for research in certain critical areas if recommendations developed at the forthcoming White House Conference on Aging are to be made on as rational basis as possible.

In its report, "Economic of Aging: Toward a Full Share in Abundance," the Committee declares forthrightly that 1971 should set the stage for early resolution of the retirement income crisis. The Committee recognizes that optimum effectiveness of a White House Conference depends upon how the conferees go about their tasks. The effectiveness of a White House Conference depends in no small part upon the kind of preparation and information conferees have in advance of the meeting.

The Committee implies, and I believe quite correctly, that it will be insufficient to develop statements of policy so broad that they represent mere platitudes or goals to be achieved in a perfect society. One difficulty in this is that those planning the White House Conference on Aging honestly believe that the issues that have been identified will lead to basic national policy. It is insufficient, however, simply to say that national policy is to assure all elderly persons an adequate income in retirement. That is not a policy, that is a goal.

Your report makes clear that what is required is "the commitment essential to to carrying out this policy." The commitment will come from the presentation of a series of legislative issues around which firm positions can be taken by political leadership. The commitment will be evident in the support for or opposition to particular legislation and appropriations. It is my belief that those planning the Conference are suggesting that conferees and persons participating at state and local levels stay away from development of recommendations for particular legislation. If that is indeed the case, the result would be a White House Conference report without substance and without the basis on which to engage in the political dialogue essential to policy change.

However, dialogue in the absence of facts is not always productive. It is not sufficient simply to know what the goals are. It is important to understand what constraints there may be on discussing ways of achieving necessary goals and objectives. Thus, it becomes essential to have solid information about the various mechanisms to furnish income in old age. It may be that the background paper on income maintenance prepared for the White House Conference by Doctor Chen will do just that. However, it has not yet been made available to members of national organizations participating on the task force on income maintenance.

In any event, your recommendation to convene a task force of experts of various disciplines to explore the limits of the private pension system and its impact on retirees is sound. I would suggest, however, that this exploration be provided with sufficient time and come up with a report in sufficient depth that it will, in effect, produce a good technical paper for conferees to rely on.

With reference to your report, "Older Americans and Transportation: A Crisis in Mobility," the same considerations hold true. Your recommendation #1 (Page 48 of report #91–1520) is sound and should be pursued. I would suggest, however, that the basis for interagency action be broadened to include the Office of Research and Development of the Social and Rehabilitation Service in the Department of Health, Education, and Welfare as well as the Social Security Administration. These are mentioned particularly since they have resources for research funding. Furthermore, the Social and Rehabilitation Service and the Social Security Administration are the federal agencies directly touching the bulk of the elderly in the United States.

I share your hope that the White House Conference can serve as a catalyst. The timetable of events, however, is such that reliance would have to fall largely on recommendation 11 (That Multi-Agency cooperation of the kind suggested in Recommendations One and Two result in the publication of a paper which is designed specifically for participants in the White House Conference in Novem-

[10] See statement, p. 93.

ber-December 1971) and recommendation 12 (During the "implementation phase" beginning in early 1972, another Interdisciplinary Workshop (see page V for details) should be conducted. Unlike the exploratory workshop of May 1970, the 1972 workshop should be concerned primarily with specific action proposals which, as one program, will fulfill goals of a coherent national policy on transportation and the elderly.)

Exhibit 1—The White House Conference on Aging: Will It Fail?

By Elias S. Cohen

[From Aging and Human Development, Vol. 1, No. 1, 1970. Greenwood Periodicals, Inc.]

*Commissioner, Office of Family Services, Pennsylvania Department of Public Welfare, Harrisburg, Pennsylvania*

Within the last 15 months two United States Presidents and both Houses of Congress have called for a White House Conference on Aging to be held in 1971. The Joint Resolution of the Congress authorized the President to call a White House Conference on Aging in 1971 ". . . in order to develop recommendations for further research and action in the field of aging, which will further the policies set forth in the preamble of this joint resolution . . ." The preamble provided for joint working together of the Federal Government and the States and their citizens to "develop recommendations and plans for action which will serve the purposes of—"

(1) assuring the middle aged and older persons opportunity to participate in the employment market;

(2) enable retirees to enjoy income sufficient for health and participation in family and community life;

(3) provide housing that is suitable and economically within reach;

(4) assist middle aged and elderly people prepare for a rich and rewarding old age;

(5) step up research concerning sickness, mental breakdown, and social ostracism in old age;

(6) evaluate progress since the last White House Conference and examining relevant anticipated changes in the next decade that will affect older persons.

President Johnson signed the resolution on September 28, 1968. The resolution authorized an appropriation of $1.9 million to accomplish its purposes. (Public Law 90-526, 1968).

At the time that President Johnson signed the proclamation, then Commissioner on Aging William Bechill was quoted as saying, "A White House Conference on Aging in 1971 is ideally timed to assess the progress of programs for older people initiated since 1961 and project future courses of action to improve the lives of millions." (Department of Health, Education, and Welfare, 1968)

Almost exactly one year later, President Nixon issued a proclamation formally convening a White House Conference on Aging in 1971. In his proclamation, the President stated, "With careful advance planning and with broad, representative participation, this Conference can help develop a more adequate national policy for older Americans. I hope that it will fully consider the many factors which have a special influence on the lives of the aging and that it will address precise recommendations, not only to the Federal government, but also to government at other levels and to the private and voluntary sectors as well." (HEW, 1969)

The President also ascribed much of the progress for older Americans in the last decade to the last White House Conference on Aging called by President Eisenhower.

It seems clear that the expectation from a White House Conference on Aging is not only a set of recommendations, in addition to the hundreds of executive and legislative reports on the problems of the aged. Rather, it is anticipated that action will ensue during the next decade that will achieve the declared objectives of the Congress as set forth in the Preamble to the Joint Resolution noted above as well as in Title I of the Older Americans Act.

*Criteria for Successful White House Conference on Aging Activities*

Thus, one might look at those expecttions in terms of what must happen if the White House Conference on Aging is to succeed. First, we must arrive at some way of assuring that the White House Conference can serve as an effective change agent in securing a national policy that makes operative the statements

of national policy set forth in law. Assuming that can be done (no small assumption, indeed), we then proceed to substance. The following changes must occur if we are to count the White House Conference on Aging a success in the years following it:

(1) The more than seven million elderly who comprise the low income senior citizen group would have to experience a substantial rise in income. More than half of the unrelated individuals living alone fall below the poverty line, while two-thirds are counted among those with low income. (Administration on Aging, #37, HEW, 1968)

(2) An estimated two million homes owned by family heads 65 and over would have to be upgraded to standard acceptability. Approximately 1.5 million units rented by senior citizens would have to be upgraded. (Administration on Aging, #31 HEW, 1967), (Brotman, 1969).

(3) Availability of community mental health services will have to increase substantially from an estimated 3–5% of total community clinic visits consumed by the aged to at least the 10% that the elderly represent in the population.

(4) Some impact will have to be seen on the unusually high suicide rates for aged males (59 per 100,000) compared to females (4 per 100,000) in the age group 85+. (Administration on Aging #42, HEW, 1968).

(5) Given the relative income disadvantage of the elderly in America compared to the under-65 group, the elderly will have to be insured against the high cost of drugs which confronts them. Aged persons spend 3.3 times as much on prescription drugs as do the young. Considering that the median income of the elderly is *half* that of the younger part of the population, the extraordinary cost of drugs assumes considerable importance. (Administration on Aging, #17 HEW, 1967).

(6) Some significant reduction would have to be seen in mental hospitalization rates for the elderly as well as proportions of the elderly remaining in mental hospitals. Estimates indicate that as many as 30% of all mental hospital beds are occupied by persons 65 and over, and a similar proportion of first admissions to mental hospitals are in the older age category. (Bourestom, 1969).

(7) On the conventional assumption (which deserves serious challenge) that elderly people want to continue to work, millions of jobs would have to be opened up to the elderly who wish to return to the work forces so that more than the 15 percent who are currently in the regular labor force would be enabled to participate. (Administration on Aging, #31 HEW, 1967).

(8) Because 60% of total income of elderly persons comes from retirement programs (such as social security, private pensions), from means test programs like public assistance and veterans pensions, and from invested assets like bonds, interest, dividends, and rents, the vast majority of the elderly are especially vulnerable to inflation. Success from the White House Conference would have to provide significant protection from the inroads of inflation, even after building incomes to something above the poverty line. (Administration on Aging, #31 HEW, 1967).

(9) In addition to the above, some impact would have to be made upon what is generally accepted as increasing alienation from community life, loneliness, loss of mobility and consequent reduction of life-space, and similar insults of old age. These are no less important than the first eight merely because they are less quantifiable.

(10) Research on aging will have to be vastly extended if significant impact on life expectancy is a desired result of the White House Conference on Aging. The same is true if we seek improved health status for the elderly particularly among the chronically ill and chronically disabled. (Riley, Foner, and Associates, 1969).

These are some of the known measures of success of the forthcoming White House Conference on Aging. The question we must answer is, "What is it in a White House Conference on Aging that will lead to these changes that some other effort will not?" A subsidiary but related question that must be asked is, "Will a White House Conference on the Aging drain more energy away from the actual problem-solving than it will contribute?"

The first White House Conference on Children was called in 1911 to call attention to the horrendous abuses heaped on children through child labor. Although that conference took place in an era when communications were measured in days rather than milliseconds, when neither radio nor television was

universal, when it was virtually impossible to communicate with any significantly large number of the population at one time, the pattern it established has persisted since then.

White House Conferences furnish the opportunity for Governors to appoint statewide Governor's Committees, for County Commissioner's and Mayors to appoint local committees, for hearings to be held, conferences to be convened, committee reports to be published, reports of research to be complied, and most importantly, for recommendations to be made and acted upon throughout the country at local, state and national levels. White House Conferences in the past have furnished innumerable opportunities to focus attention on little known tragedies develop and build a national consensus, and produce platforms for political leaders to lean on and embrace. In short, White House Conferences have been useful devices for developing policy.

*The 1961 White House Conference on Aging Did Produce Results*

Until 1958, when Congress enacted the provisions for a White House Conference on Aging, relatively little attention had been focused on the plight of the elderly in America. To be sure, in 1935, the Congress enacted the Social Security Act to help ease the elderly out of the labor market. President Truman called a National Conference on Aging in Washington in the late 40's, the Council of State Governments published its landmark study on the Aging in 1955, (Council of State Governments, 1955) and a few devoted toilers in the vineyards of aging were attempting to convince policy makers at all levels that the aged of America deserved better than they got. Under those circumstances a White House Conference on Aging was a natural.

Since then, however, there have been a number of developments, some of which were results of the White House Conference of 1961, but most of which have only a tangential relationship.

ITEM: Creation of a sub-committee on Aging in the U.S. Senate in 1959, followed by establishment of the Senate Special Committee on Aging. This committee, through its creative use of the power to conduct hearings and publish reports, and hence influence legislators, administrators, and citizens alike, has been one of the most effective change agents on the scene.

ITEM: Creation of Senior Citizens groups with substantial membership offer both real and potential forces in the political area. The National Council of Senior Citizens, The American Association of Retired Persons and the National Retired Teachers Association on the national level and the Golden Ring Council of Senior Citizens (New York City) at the local level are but a few examples.

ITEM: The decade-long debate over Medicare culminating in its passage in 1965, as well as passage of Medicaid.

ITEM: Passage of the Older American Act in 1965 and the establishment of units concerned with the elderly in virtually every state and territory, albeit with inadequate funding or focus.

ITEM: Amendments to the National Housing Act over the last eight years extended considerably housing available to the elderly, and involving to a great extent, local housing authorities and non-profit sponsors.

ITEM: Special message to the Congress on the subject of Aging from two Presidents.

There have been other developments, no less important to the elderly, that are not listed here simply because their impact is realized only by small groups of researchers, physicians, social service workers, sociologists and others rather than the broader public.

The accomplishments of the sixties will probably be mustered as good arguments for the conduct of a White House Conference in 1971. Indeed, that has already been done. In testimony before the Senate Committee on Labor and Public Welfare in March, 1968, Commissioner Bechill stated, "These pieces of major social legislation—many of which are national milestones—illustrate a depth of national commitment and national purpose that few would have conceived possible just a decade ago. They have launched a time of progress without precedent in our national history in Federal, State, and local programs for older people." He went on to enumerate the areas with which a Conference should be concerned, and began the Administration's recommendations by saying, ". . . we strongly support the general intent and spirit of Senate Joint Resolution 117." However, the Commissioner did make two recommendations of some significance here: First, that that the conference be called by the Secretary of Health, Education and Welfare, and second, (testifying in March 1968) he pleaded that the date be shifted from 1970 to 1971 (Bechill, 1968).

Thus, a year and half ago, he was concerned about the time required "to update essential facts and data; to prepare and publish reports that will be useful to all concerned; to arrange for and conduct state and local conferences; to prepare recommendations for consideration at the Conference; to publish final recommendations; and most important of all, to build into Conference planning, systematic follow-up for the implementation of Conference recommendations."

If the then Commissioner thought time was short a year and a half ago, what must his assessment be now. At the time of this writing, Congress has not appropriated any funds for the conduct of the meeting, the States have not received any Federal Guidelines, nor have they started any planning, and a scant two years remains until the conference is actually held.

*A Different Ballgame in 1971*

The tasks for this White House Conference are substantially different from those of 1961. The issue this time out is *not* publicizing the plight of the elderly. The issue this time out is *not* one of framing a *new* and imaginative legislative program. The issues involve the mobilization of facts rather than opinion and desire. It is clear that we need considerable expansion and improvement of existing programs. Some may have to be modified and/or extended. The issue is to produce means of intervention that will be adequate to the task. At this stage of our legislative and program development, it is necessary to use the most sophisticated techniques at our disposal to achieve the goals of mapping out new and altered directions. Citizen conferences are a truly great American contribution as a method of teasing out public opinion on controversial matters. But the Citizen conference has never been a substitute for needed research.

*The 1971 White House Conference will fail if its objectives are framed in the traditional way, and if it assumes that the rules of 1961 apply now. The methodology of the sixties is not relevant methodology for problems of the seventies. Just as it would be irrelevant to call a White House Conference on Civil Rights, it is irrelevant to call one on Aging. Neither Blacks nor the elderly should have to wait two more years while the quest for information goes on, and people debate over the jots and titles of a Bill of Rights for Older Americans. Certain moves can and should be made now to improve the lives of Older Americans.* Information gathering can and should take place in another context.

*From Conference Must Come Movement*

However, if there must be a White House Conference on Aging, then let it be cast in a new mold. The White House Conference on Aging *can* serve as the incentive to move on four fronts.

First, in line with tradition, the White House Conference on Aging can offer the opportunity for executive and legislative policy makers to declare themselves. The political gold mine of 20 million elderly voters, largely unexplored in systematic fashion, is waiting. The White House Conference provides the incident other than the usual election campaign for parties to seek favor with the older voter on a broad front. The White House Conference activities, even if limited as noted below, will furnish a variety of committee meetings, reports, small special conferences and the like around which political leadership can declare themselves. Since, the success of White House Conference activities must ultimately be measured in terms of new public policies the involvement of political leadership in ways that will produce policy declarations is critical.

Second, the White House Conference on Aging should include a substantial investment in special studies which the White House should commission, both within and without the Federal establishment. These research studies should be policy-related and should set the stage for legislation, and changes in policy decisions regarding allocation of federal and non-federal resources. Fundamental demographic studies should be planned. It is too bad that the 1971 White House Conference planning did not begin in the early and mid-sixties so as to have the opportunity to influence the Bureau of the Census planning for the decennial census. Full support should be given to additional studies by the Social Security Administration on characteristics of beneficiaries with consideration given to construction of a sample that would yield data valid for each state or at the very least for groups of states.

Research studies on the economies of the later years and what real alternatives exist to the current system which has thrust a third of the elderly below the poverty line, are very much in order. The question of how to transfer sufficient payments from the working years to the retirement years has not yet been answered for large numbers of the American people.

Research on the impact of retirement might well influence national retirement policies. The impact of retirement on the labor force and the rest of society may be equally important, especially as we witness a growing gap between the aged and the young, often manifest on school bond issue votes, and pressures for tax exemptions and exonerations for the aged. Donald Kent, Former Director of the DHEW Office of Aging asks: "What is the impact of the aged population on the rest of the population?" He points out that between now and at the end of the century 65 million people will celebrate their 60th birthday, and 20 million will grow from early old age to advanced old age (Kent, 1965).

One might cite similar kinds of questions in the health, housing and leisure time fields. Certainly, we should start to undertake some impact research as Sherwood has suggested. (Sherwood, 1966). We are not at all clear about the effectiveness of current modalities of treatment or their organization for the chronically ill and especially the mentally impaired. What is the role of the nursing home? The social care home? The geriatric ward in the mental hospital? The answers to these questions must be found in research, not in committees of "citizens" who come to committee meetings less with facts and information about the management and treatment of disease than with the burdens of stigmatic feelings about this or that method based upon information and impressions heavily conditioned by personal fears and guilt feelings.

On the other side of the coin, there has been a sort of readiness to make large investments of time, energy and perhaps money in the Senior Citizen Center without significant research having been undertaken on the effectiveness of the Senior Citizen Center for any groups of or all of the aged.

It is not the purpose of this paper to rehearse the list of significant research questions that cry out for investigation if sound social policy is an objective (Cohen, 1969). Elsewhere, I have summarized some of the questions that investigators are raising. Furthermore, the Administration on Aging of the Department of Health, Education and Welfare has made a grant to the Gerontological Society for the purpose of bringing together scholars and researchers in phychology, psychiatry, social welfare, economics, sociology, and anthropology for the purpose of reviewing existing knowledge and gaps in research in social gerontology, identifying top priority areas, and suggesting research and development goals for the next decade (Administration on Aging Grant #AA4–70–095–02, HEW).

It is hoped that this project would form the basis for a significant research funding effort by the Federal government in conjunction with the White House Conference on Aging.

I suggest, therefore, that the Federal government allocate twenty-five cents of "new" money per elderly person for each of the next two years in an effort to undertake a crash program of research preliminary and essential to sound national policy development. Five million dollars a year for the next two years might just begin to produce the results required to make the White House Conference on Aging succeed instead of fail. To the extent that the results of such studies are relevant to and can be fed into the Congressional mill, the chances of ultimate conference success are enhanced.

Third, a modern White House Conference on Aging to be successful must be a collaborative effort between the Executive and Legislative branches of the Federal government. This collaboration should proceed through concurrent efforts rather than sequentially. Thus, the task of gathering in the opinions of experts can and should be carried out by the Congress simply because the machinery and prestige available for doing so is best at that level. There is no better compendium of current thought and opinion about various facets of aging in America than the two hundred or so Committe prints of the U.S. Senate Committee on Aging. One gets the feeling, however, that for the last decade the Committee and the Department of Health, Education and Welfare have enjoyed little more than a polite acquaintance, when at the very least one might have hoped for a whirlwind romance, if only a short one.

Thus, it is recommended that the planning of activities for the White House Conference on Aging be joined with political leadership in the legislature. Furthermore, it is recommended that the U.S. House of Representatives seize the opportunity of the White House Conference on Aging to create a counterpart committee in the House to match the Senate Committee.

Fourth, and finally, a modern White House Conference on Aging set of activities at the local level should eschew the usual formation of local committees,

community surveys of needs and resources, and local and statewide conferences to develop "recommendations". Instead, it is suggestsed that its activities be devoted to a carefully designed, sophisticated evaluation of state and local public programs. Unfortunately, careful impact research cannot be done on a no-cost, volunteer basis. To examine the impact of the state's mental health program on the elderly in state mental hospitals, or receiving service at community clinics, is difficult. To determine the effectiveness of public housing arrangements on the socialization patterns, health, ability to cope, etc., by the elderly requires a high level of research expertise. Similarly, examination of policies on relatives, responsibility, property liens, and means test variations in connection with Old Age Assistance requires talents not customarily mobilized in White House Conference activities. One final example should suffice: to date, evaluations of projects funded under Title III of the Older Americans Act have generally been primitive and self-serving. It is time that some effort is made to inquire into who is being helped, how they are being helped, what the significant intervening forces were in producing the help, what should be changed, what should be retained, and in what areas should we increase investment in order to reduce suffering among the elderly or otherwise enhance the quality of life.

Thus, it is recommended that if funds are to be distributed to the States for White House Conference activities, they be provided in sufficient quantity to enable the states to produce something of significance along the lines of the evaluation suggested above. Furthermore, it is suggested that the funds provided carry limitations so that expenditures will be devoted to evaluation rather than the questionable activity of organizing committees to carry out the usual surveys. Careful examination of expenditures in many recent "Comprehensive Planning" efforts in other areas would probably show an inordinate amount of the so-called "planning money" devoted to travel expenses and luncheons for committee members.

*Traditional White House Conference No Match for 1970's*

A White House Conference on Aging cast in the mold of the last half century will fail. The White House Conference is no longer an adequate device for mobilizing public opinion and outrage over social injustice. To be sure, it once was a method for exerting presidential influence. However, techniques now available to the President have enhanced his ability to sway the public if he is willing to make the effort and undoubtedly trade off on other issues. President Johnson's speech to the American people prior to the passage of the Civil Rights Act was an excellent example. Given the alternative of a White House Conference on Civil Rights and the President's speech, I think that the choice, in terms of program results is clear. Consider, then, the impact of a series of three or four speeches by the President on programs for older people in which he urged certain courses of action upon the Congress, and committed his administration to certain action. This, without doubt, would have a major effect on mobilizing public opinion. (One cannot resist suggesting that the impact might be almost as great were the Vice-President to speak out on Aging.)

However, recognizing that such a series might not be possible, alternatives to the traditional White House Conference course are possible. Some of them have been outlined above. In any event, what is essential is the clear, and deep commitment of the President to resolving the problems that introduce so much agony and unhappiness into the lives of so many older Americans. In addition, it is crucial to recognize what White House Conferences are, and what they are not. Perhaps some optimism may be gleaned from the knowledge that the President has appointed a National Goals Research Staff to develop goals for America over the next three decades. Given the resources with which to operate, this staff may be able to lay out the directions for the future.

In summary, it is asserted that traditional approaches of White House Conferences in the past are no longer relevant in addressing the problems of older Americans. Suggestions are offered for new directions and emphasis of the White House Conference on Aging scheduled for late 1971, including the opportunity for policy-makers to make commitments, the conduct of policy-determining research, collaborative efforts between the national administration and the Congress, and evaluative research by the States.

The White House Conference on Aging? It does not *have* to fail.

REFERENCES

Administration on Aging, Updating the count of the aged poor. Memorandum, Useful Facts #37, U.S. Dept. of Health, Education, and Welfare, Washington, D.C., May 8, 1968.
Administration on Aging, A Profile of the older American. Memorandum, Useful Facts #31, U.S. Dept. of Health, Education, and Welfare, Washington, D.C., November 20, 1967.
Administration on Aging, Who are the aged: A demographic view. Memorandum, Useful Facts #42, U.S. Dept. of Health, Education, and Welfare, Washington, D.C., August 9, 1968.
Administration on Aging, Cost and acquisition of medicines–7/1964–6/1965. Memorandum, Useful Facts #17, U.S. Dept. of Health, Education, and Welfare, Washington, D.C., January 20, 1967.
Administration on Aging, Committee on research and development goals in social gerontology. (Project Grant No. AA4–70–095–02, U.S. Dept. of Health, Education, and Welfare; Grantee: Gerontology Society, St. Louis, Mo., Robert J. Havighurst, Project Director).
Bechill, William, Statement before the Senate Committee on Labor and Public Welfare, Washington, D.C., March 5, 1968.
Bourestom, N., Evaluation of mental health programs. Paper delivered at 8th International Congress of Gerontology (Abstract published in Congress Proceedings, Volume I), Washington, D.C., August, 1969.
Brotman, Herman, Home ownership aspects of the economics of aging (A fact sheet) Administration on Aging, Dept. of Health, Education, and Welfare, for the Special Committee on Aging, U.S. Senate, Washington, D.C., July, 1969.
Cohen, E. S., Research needs and developments in gerontology in *Blindness Research: the Expanding Frontiers*, Goldberg, M. and Swinton, J., Eds., Pennsylvania State University Press, University Park, Pa., 1969.
Council of State Governments, The states and their older citizens. Chicago Ill., 1955.
Kent, D. P., Aging: Fact and fancy, Pamphlet OA No. 224, Government Printing Office, Washington, D.C., 1965.
Public Law 90–526, 90th Congress, H.J. Res. 1371, September 28, 1968.[11]
Sherwood, S., Social science and action research: A prolegomena. (Mimeo) Roslindale, Mass., 1966.
U.S. Department of Health, Education, and Welfare, Aging, Nos. 168–9, Washington, D.C., October-November, 1968, p.3.
U.S. Department of Health, Education, and Welfare, Aging. Nos. 180–181, Washington, D.C., October-November, 1969, p. 32.

[11] See p. 1 of this hearing for complete text of Public Law 90–526.

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